Minutes of the meeting of the Quality and Patient Safety Committee of the Board of Directors of the Cook County Health and Hospitals System held Tuesday, December 18, 2012 at the hour of 12:00 P.M. at 1900 W. Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

I. **Attendance/Call to Order**

Chairman Michael called the meeting to order; however, a quorum was not present. The Committee continued to receive information until approximately 12:20 P.M.; at this time, a quorum was reached, and the Committee began to consider the items presented.

Present: Chairman Edward L. Michael and Director Carmen Velasquez (2)

                   Mary Driscoll (non-Director Member)

Absent: Director Luis Muñoz, MD, MPH (1)

Additional attendees and/or presenters were:

Krishna Das, MD – System Interim Director of
    Quality and Patient Safety
David Goldberg, MD – John H. Stroger, Jr. Hospital
    of Cook County
Terry Mason, MD – System Chief Medical Officer
Ed Mendez, MPH, RN – National Association of
    Public Hospitals and Health Systems

Linda Rae Murray, MD – Cook County Department
    of Public Health
Jessica Pipersburg – Cook County Department of
    Public Health
Tanda Russell – System Interim Chief Nursing
    Officer
Deborah Santana – Secretary to the Board

II. **Public Speakers**

Chairman Michael asked the Secretary to call upon the registered speakers.

The Secretary called upon the following registered speaker:

1.   George Blakemore   Concerned Citizen

III. **Report from System Chief Medical Officer**

Dr. Terry Mason, System Chief Medical Officer, stated that the System participated in a survey some months ago; the survey solicited senior leadership's thoughts on a number of issues identified by the National Association of Public Hospitals and Health Systems (NAPH). He noted that information would be provided later in the meeting on the subject, under Items V(B) and (C).

IV. **Report from System Interim Chief Nursing Officer** (Attachment #1)

A. Nursing Dashboard
B. National Patient Safety Goals

IV.   Report from System Interim Chief Nursing Officer (continued)

Tanda Russell, System Interim Chief Nursing Officer, presented the Nursing Dashboard, which included information on nurse staffing activities that took place in 2012 and plans for 2013. Ms. Russell's report also included information on nurse sensitive indicators and National Patient Safety Goals. The Committee reviewed and discussed the information.

Director Velasquez inquired regarding the status of hiring bilingual or bicultural staff; she asked whether a specific goal has been identified. Ms. Russell responded that currently there is not a specific goal; however, the administration is very conscientious of certain service lines and areas where that may be a requirement. Director Velasquez stated that she thinks there should be specific goals set. Ms. Russell provided further information on resources for interpretive services that are currently available to System staff. Chairman Michael inquired whether an assessment has been done regarding the areas that the administration believes have the greatest need for multilingual or bilingual nurses; he noted that before a specific level or goal is set, one needs to know where the need is greatest. Ms. Russell stated that she will follow up on the subject with Miriam Gonzalzles, System Director of Multicultural Affairs, and will report back to the Committee in January or February.

V.   Report from System Interim Director of Quality and Patient Safety

A. Update on preparation of response to The Joint Commission

Dr. Krishna Das, System Interim Director of Quality and Patient Safety, provided an update on the preparation activities for the response to The Joint Commission's (TJC) recent survey at John H. Stroger, Jr. Hospital of Cook County. The response that was due within forty-five days was submitted yesterday; another response that is due to be submitted within sixty days is expected to be submitted within the end of this week - at that point, all submissions will be complete. It is hoped that a response from TJC regarding a final accreditation decision will be received some time after the holidays. Dr. Das noted that the main lesson from the submissions is that the System put a lot of process improvements in place, as a result of TJC's survey. She added that, even though staff has intensively worked the areas where the hospital was cited, some of these are principals that hold hospital-wide; it is expected that the administration can expand and solidify the gains made throughout the hospitals, especially in areas of perioperative management.

B. National Association of Public Hospitals (NAPH) collaborative

C. Committee Education - Reliability and its Link to Quality (Attachment #2)

Dr. Das stated that there is a private-public collaboration called Partnership for Patients, which has been supported by the Centers for Medicare and Medicaid Services (CMS). As a part of that, NAPH has developed a hospital engagement network to support quality improvement within safety net hospitals.

Two nursing teams have been working on this; they are focusing on looking at the reduction of falls and development of pressure ulcers in the hospital. Critical to this initiative has been the coach, Ed Mendez, MPH, RN, of NAPH, and his staff. One of the educational sessions that Mr. Mendez offers is regarding reliability and its link to quality, which will be presented to the Committee today. Dr. Das introduced Mr. Mendez, who proceeded to review the presentation on Reliability and its Link to Quality.

Chairman Michael noted that one of the key elements discussed was a focus on simplification of internal processes. He related an example of this type of issue that occurred during his previous work experiences. He and his colleagues had spent a great deal of time developing and implementing a set of processes and procedures. When it was determined that there was a failure to follow the procedures by the staff, there was a examination of potential reasons. Initially, the thought was that there simply was a need for more training.

V.   **Report from System Interim Director of Quality and Patient Safety**

C. **Committee Education - Reliability and its Link to Quality (continued)**

However, after further review, they realized that they had created procedures that were so complicated and difficult to follow that either 1) no matter how much training was provided to staff, they probably would not be able to follow the procedures; or 2) the procedures had become so burdensome that staff then started making shortcuts that were creating risks as a result. So the simplification piece from a standpoint of the people who "do" the process is a very important aspect that should not be underestimated. Mr. Mendez agreed, and added that the front line workers need some level of their time allocated to learn to do the improvement work.

Chairman Michael recalled the earlier discussion held regarding nursing vacancies. He stated that, as the System goes through the process of trying to create a high-quality, highly reliable medical system over the next several years, it is very important to recognize that time needs to be given to staff to focus on these sorts of things - if staff is trying to do the job of two other people because there are vacancies, it becomes very difficult to give them that time.

D. **System Quality Plan for 2013 and Dashboard Development** (Attachment #3)
    i.   **Review of hospital-acquired conditions, readmission rates and patient satisfaction measurements for other health care providers/institutions in Cook County**

Dr. Das provided an overview of the information provided on the System Quality Plan for 2013 and Dashboard Development. The Committee reviewed and discussed the information.

Chairman Michael stated that the idea of trying to identify drivers of these key indicators is very important - it would be nice to think that if there was a focus on those specific things, and improvements were made, that this would in turn drive an increase in the perception/recommended hospital area. Dr. Das stated that many people agree that there are a few very important drivers, such as "responsiveness of hospital staff," – one of the things that patients do complain about is when they use the call button and do not receive a response. There may be other drivers that the staff feels are important; internal discussions can be held regarding that subject.

With regard to readmissions, Chairman Michael stated that it might be helpful to look at the different segments of the patient population that are at higher risk for readmission, to see whether these drivers could also be applicable in those cases, or to see whether staff could do other things to make an impact in reducing the readmissions rate. Dr. Das stated that most of the insight into what can prevent readmissions comes from the same populations, by and large.

Dr. Das stated that one of the limitations faced is regarding having ongoing data on readmissions. With the System's data, there are two things to recognize. First, most of the data is coming directly from CMS, and their data is rolled in eighteen month intervals. It is published somewhat infrequently, so this is something that staff would have to generate internally in order to present it to the Board; however, it appears that staff will be able to generate the same logic and get those numbers out. Secondly, the System receives data from CMS that suggests that only two-thirds of the readmissions come back to the System. The overall readmission rate is approximately 22%; 16% of the readmissions come back to the System's hospital, and 7% go to outside hospitals. Therefore, staff is challenged in how they can capture data on the readmissions that go to outside hospitals; she added that perhaps staff should focus on the internal readmissions, which staff can track over time. With regard to Chairman Michael's question regarding how long before the Committee might see some data relating to this, Dr. Das stated that it would depend on the urgency. It could be a month or longer; however, she is not sure how accurate the data will be because the benchmark is going to be the CMS data.

V.   Report from System Interim Director of Quality and Patient Safety (continued)

With regard to hospital acquired conditions, Dr. Das stated that there are generally three areas: direct care-related, infections, and medication-related. She asked for further input from the Committee on how to define for the Committee's focus. Chairman Michael stated that he would like to have the input of Dr. Ram Raju, Chief Executive Officer. He noted that there is a lot of discussion around the penalties that are assessed with the infection piece of it – he stated that, if that is where the focus of the government is, maybe that is where the System ought to initially focus. He added that the other areas, including falls and medication errors, are very important, too. Dr. Das noted that there are penalties associated with those areas, as well. Dr. Das stated that the data is currently being collected and is available for the hospital acquired conditions– it is just a matter of choice as to which data the Committee would like to have tracked. She cautioned that, although data on adverse drug events is being collected, it is her opinion that it is currently underreported. Because these are now being reported through the MERS system, more reports of these events are being seen. She is unsure whether this is currently a useful indicator to follow, because she is predicting that more adverse drug events will be reported in a short period of time, because reporting has become more anonymous and is easier.

Chairman Michael inquired whether the Committee members had any specific thoughts on the subject. He noted that it would be best if there was a focus on one or two items (no more than three) in order to focus the System in a concentrated way. Dr. Linda Rae Murray, Chief Medical Officer of the Cook County Department of Public Health, noted that it was her understanding that, in most health systems, the biggest impact on patients or the largest number of contacts do not take place in a hospital setting; rather, they take place in an outpatient setting. She stated that if the System is going to track key indicators, it seems that there should be something in there that is based outside of the hospital setting. Chairman Michael agreed, and noted that it has been an issue that has been raised by others; he added that the fact that indicators may be chosen that are more hospital and inpatient centric does not necessarily exclude the System from having other goals for improvement in other areas - it may be necessary to come up with indicators that are more inclusive of the Ambulatory and Community Health Network of Cook County (ACHN) patients and contacts. However, that begs the question: what should those measures be? Dr. Murray responded that there are a number of standard community-based clinical measures that exist around the country. She stated that ACHN has a whole effort to improve quality, and she would defer to their judgment. Chairman Michael stated that the Committee needs to choose a few things that they think are most important for the System to focus on for improvement; he added that the reality is that the System is tracking almost an endless number of things right now, for various reasons.

Ms. Driscoll stated that she feels that it is important to choose at least one indicator that can be looked at System-wide; she suggested that one such indicator could be patient engagement. She noted that this is something that CMS is going to be looking at very seriously for payment issues, as well. Chairman Michael agreed that it is a good suggestion; he asked Dr. Das to find out whether the System is tracking the right things today to be able to determine levels of patient engagement. If the Committee desires to make that a primary goal of the improvement effort, what additional work would have to be done to make sure that staff is tracking the right things and doing so in an accurate and reliable way? Ms. Driscoll added that she and Director Velasquez felt that this indicator should include data relating to language and language barriers.

Dr. Mason noted that, based on what is happening with the 1115 Waiver, the System also has some responsibility to monitor the quality of care with its contracted providers. He stated that further thought should be given to the question of what those indicators and resources should look like, in order for the System to come up with meaningful indicators to ensure that the System is meeting those quality indicators from its contractors.

V. Report from System Interim Director of Quality and Patient Safety (continued)

Chairman Michael stated that, although the drivers reviewed by Dr. Das are clearly more hospital-based drivers, there is no reason that the System could not expand the drivers to look at things that relate more to the ACHN patients or other patients beyond those who are just hospitalized. When the Committee further reviews Ms. Driscoll's suggestion about patient engagement versus patient satisfaction, it ought to consider the overlap of those two - maybe there is a way to accommodate both. Dr. Das added that staff is in the process of getting more robust outpatient satisfaction data, as well.

VI. Recommendations, Discussion/Information Items

A. Receive and file the update on the Cook County Department of Public Health's 2015 Strategic Plan
(Attachment #4)

Dr. Murray presented the update on the Cook County Department of Public Health's 2015 Strategic Plan. The Committee reviewed and discussed the information.

> Director Velasquez, seconded by Chairman Michael, moved to receive and file the update to the Cook County Department of Public Health's 2015 Strategic Plan. THE MOTION CARRIED UNANIMOUSLY.

B. Reports from the Medical Staff Executive Committees

i. Provident Hospital of Cook County
ii. John H. Stroger, Jr. Hospital of Cook County

Dr. Pierre Wakim, President of the Executive Medical Staff (EMS) of Provident Hospital of Cook County, was unable to attend this meeting as he was attending a conference; he will provide a report at the next Committee Meeting.

Dr. David Goldberg, President of the EMS of John H. Stroger, Jr. Hospital of Cook County, presented his report to the Committee regarding the subjects that were discussed at the recent EMS meeting. There was a discussion regarding the revisions to the Stroger Hospital Medical Staff Bylaws that were presented to the Board and approved on December 14th. Additionally, there was a presentation made by the Cancer Committee.

With regard to the Cancer Committee's presentation, Dr. Goldberg stated that, as an institution, Stroger Hospital is certified by the American College of Surgeons as a Cancer Hospital; that designation is greatly valued. The next site visit will be mid-year of this next year. At the EMS meeting, Dr. Urjeet Patel provided information on some successful projects that targeted improvement, including improvements around timing with the infusion center, and Radiation/Oncology moving to timed appointments to try and reduce some of the wait times for patients.

A couple of issues that were concerns based on the last site visit were raised by Dr. Patel during his presentation. Dr. Patel is aware that those issues will likely come up again, as he believes that they have not been fully addressed at this time.

VII. <u>**Action Items**</u>

A. Minutes of the Quality and Patient Safety Committee Meeting, November 13, 2012

Director Velasquez, seconded by Chairman Michael, moved to accept the Minutes of the Quality and Patient Safety Committee Meeting of November 13, 2012. THE MOTION CARRIED UNANIMOUSLY.

B. Any items listed under Sections VI, VII and VIII

VIII. <u>**Closed Session Item**</u>

A. Medical Staff Appointments/Re-appointments/Changes (Attachment #5)

Note: the Committee did not recess the regular session and convene into closed session.

Director Velasquez, seconded by Chairman Michael, moved to approve the Medical Staff Appointments/Re-appointments/Changes. THE MOTION CARRIED UNANIMOUSLY.

IX. <u>**Adjourn**</u>

As the agenda was exhausted, Chairman Michael declared that the meeting was ADJOURNED.

Respectfully submitted,
Quality and Patient Safety Committee of the
Board of Directors of the
Cook County Health and Hospitals System

<u>XXXXXXXXXXXXXXXXXXXXXXX</u>
Edward L. Michael, Chairman

Attest:

<u>XXXXXXXXXXXXXXXXXXXXXX</u>
Deborah Santana, Secretary

ATTACHMENT #1

Nursing Report

Quality and Patient Safety Meeting

Dec. 18, 2012

1

RN Staffing 2012

Facility	Filled	Vacant	Total
240-Cermak	80	23	103
241-JTDC	18	3	21
890-Corporate	4	5	9
891-Provident	86	11	97
893-ACHN	125	13	138
894-CORE	13	0	13
895-Public Health	63	8	71
897-Stroger	919	213	1132
898-Oak Forest	20	18	38
Total	1328	294	1622

2

Stroger

		Q1	Q2	Q3	Q4
Division					
Nursing		182	170	181	156
Perioperative		26	29	29	30
Emergency Room		21	21	21	22
Total		229	220	231	208

3

RN Staffing 2013

Facility	Filled	Vacant	Total
240-Cermak	89	12	101
241-JTDC	19	2	21
890-Corporate	4	1	5
891-Provident	79	7	86
893-ACHN	141	4	145
894-CORE	12	1	13
895-Public Health	50	4	54
896- 1115 Waiver		65	65
897-Stroger	884	153	1037
Total	1278	249	1527

4

Nursing Sensitive Indicators

- Falls

- Skin Integrity

- HCAPS

- HPPD

5

National Patient Safety Goals

- Handoff Communication

- Medication Administration

- Universal Protocol

- Hospital Acquired Conditions
  - CAUTI

6

ATTACHMENT #2

NAPH Safety Network

High Reliability
for hospital quality and safety

(Cook County Hospital Board Presentation 12/18/12)

Ed Mendez, RN, MPH

Improvement Coach

Partnership for Patients (PfP)

A public-private partnership to help improve the quality, safety and affordability of health care for all Americans, funded through the Affordable Care Act.

PfP goals:

1. Decrease 9 preventable hospital-acquired conditions (HACs) by 40%

    o Infections (CLABSI, CAUTI, SSI, VAP)

    o Morbidity from immobility (falls, pressure ulcers, VTEs)

    o Adverse events (drugs, obstetrical)

2. Reduce preventable readmissions by 20%
3. Address culture change and governance issues

NAPH Safety Network (NSN)

The PfP funds 26 Hospital Engagement Networks (HENs) to provide a wide array of initiatives and activities to improve patient safety.

HENs represent close to 4,000 hospitals nationwide. The NSN is the only safety net-focused HEN in the PfP community.

HENs will:

- conduct intensive training programs to teach and support hospitals in making patient care safer.

- provide technical assistance to hospitals so they can achieve quality measurement goals.

- establish and implement a system to track and monitor hospital progress in meeting quality improvement goals.

Health Care is Not Highly Reliable

- Hospital CEOs in 2009 identified "patient safety and quality" as the second most pressing issue (ACHE)

- Health care-acquired infections affect 5% to 10% of hospitalized patients

- 1.5 million Americans are injured annually by medication errors (Institute of Medicine, 2007)

- 149 new cases of wrong-site (patient or procedure) surgery were reported to The Joint Commission in 2009 (890 cases since 1996)

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Health Care Is Not Highly Reliable: We Fail to Do Simple Things Well

Wash Hands……………………….………….. 60% Reliable

Patients Understand Meds / Problem………. 40% Reliable

Central Lines Placed w/ Proper Technique… 60% Reliable

Basal Insulin for Inpt Uncontrolled DM…….. 40% Reliable

VTE Prophylaxis…………………….……... 50% Reliable

Adverse Events / Health Care Errors

- Delayed or missed diagnoses
- Medication errors
- Wrong side surgery
- Wrong patient surgery
- Equipment failure
- Patient identity
- Transfusion errors
- Mislabeled specimen
- Patient falls
- Time delay errors
- Laboratory errors
- Radiology errors
- Procedural error

- Lost, delayed, or failures to follow up reports
- Retention of foreign object following surgery
- Contamination of drugs, equipment
- Intravascular air embolism
- Failure to treat neonatal hyperbilirubinemia
- Stage III or IV pressure ulcers acquired after admission
- Wrong gas delivery
- Deaths associated with restraints or bedrails
- Sexual or physical assault
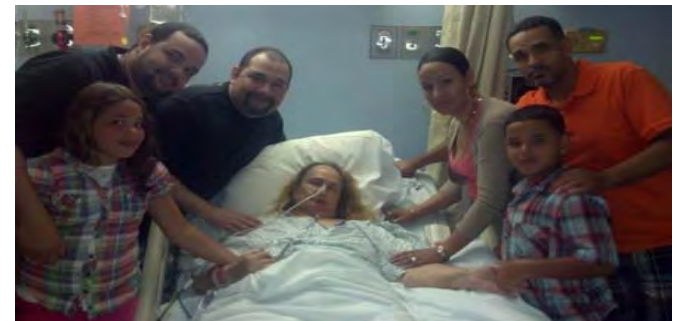- Venous thromboembolism (VTE)

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Why care about Healthcare Quality & Safety?
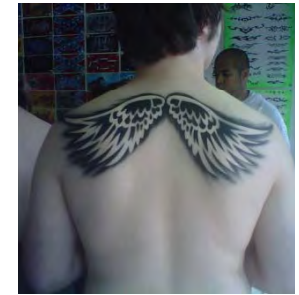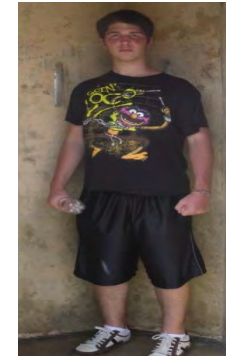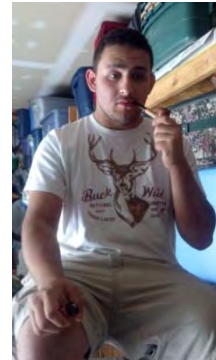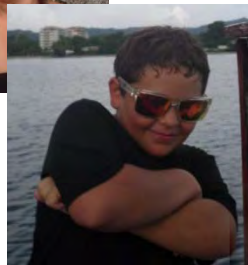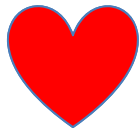
We all have Significant Others that need health care.

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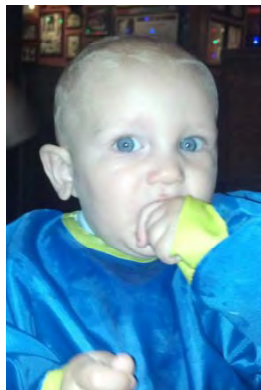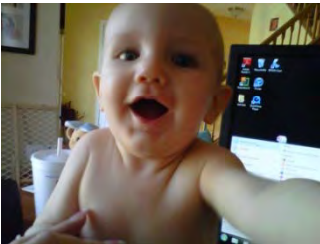
Caring about Healthcare Quality & Safety for....

Mama

12/14/12

Culture of Safety and High Reliability Organizations (HRO)

The Joint Commission's vision: 2009, 2010, and beyond:

- Goal to promote a "Culture of Safety" in accredited health care organizations

  - Standards
  - National Patient Safety Goals
  - Reporting of Sentinel Events
  - Expectation of Root Cause Analysis
  - Core measures

- Nudging hospitals towards becoming high reliability organizations (HRO).

Three Requirements For Achieving High Reliability

- Leadership

- Safety Culture

- Robust Process Improvement

Chassin, MR and Loeb, JM The Ongoing Quality Improvement Journey: Next Stop, High Reliability Health Affairs, 30, no.4 (2011):559-568

Becoming a High Reliability Organization: Operational Advice for Hospital Leaders

Prepared for:

Agency for Healthcare Research and Quality
U.S. Department of Health and Human Services
540 Gaither Road
Rockville, MD 20850

Appendix C   p58 – 83 Cincinnati Children's High Reliability Journey

Creating a high reliability organization that is safe requires that leaders recognize the following:

- **Culture is the foundation for vision and strategy**

- **Transparency is the key to change the culture.**

- **Safety must be the overarching strategy.**

- **Leaders must take ownership for setting the climate and focusing the work.**

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Hospitals Must Foster a Safety Culture

"A different type of accountability [is needed], one that requires an employee to raise her hand in the interest of safety. Not reporting your error, preventing the system and others from learning – this is the greatest evil of all."

David Marx, JD
2001
Patient Safety and the "Just Culture"

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High Reliability Defined

- *"Achieving a high degree of safety or reliability despite operating in hazardous conditions."* (Pronovost, 2006)

- *Organizations that operate under very trying conditions all the time and yet manage to have fewer…accidents."* (Weick & Sutcliffe, Managing the Unexpected, 2007)

- *"HROs are organizations with systems in place that are exceptionally consistent in accomplishing their goals and avoiding potentially catastrophic errors."* (AHRQ, April 2008)

Reliability Index:

- Chaotic process: Failure in greater than 20% of opportunities
- 10^{-1}: 1 or 2 failures out of 10 opportunities
- 10^{-2}: 1 failure or less out of 100 opportunities
- 10^{-3}: 1 failure or less out of 1,000 opportunities
- 10^{-4}: 1 failure or less out of 10,000 opportunities
- 10^{-5}: 1 failures or less out of 100,000 opportunities
- 10^{-6}: 1 failures or less out of 1,000,000 opportunities

Average Rate Per Exposure of Catastrophes
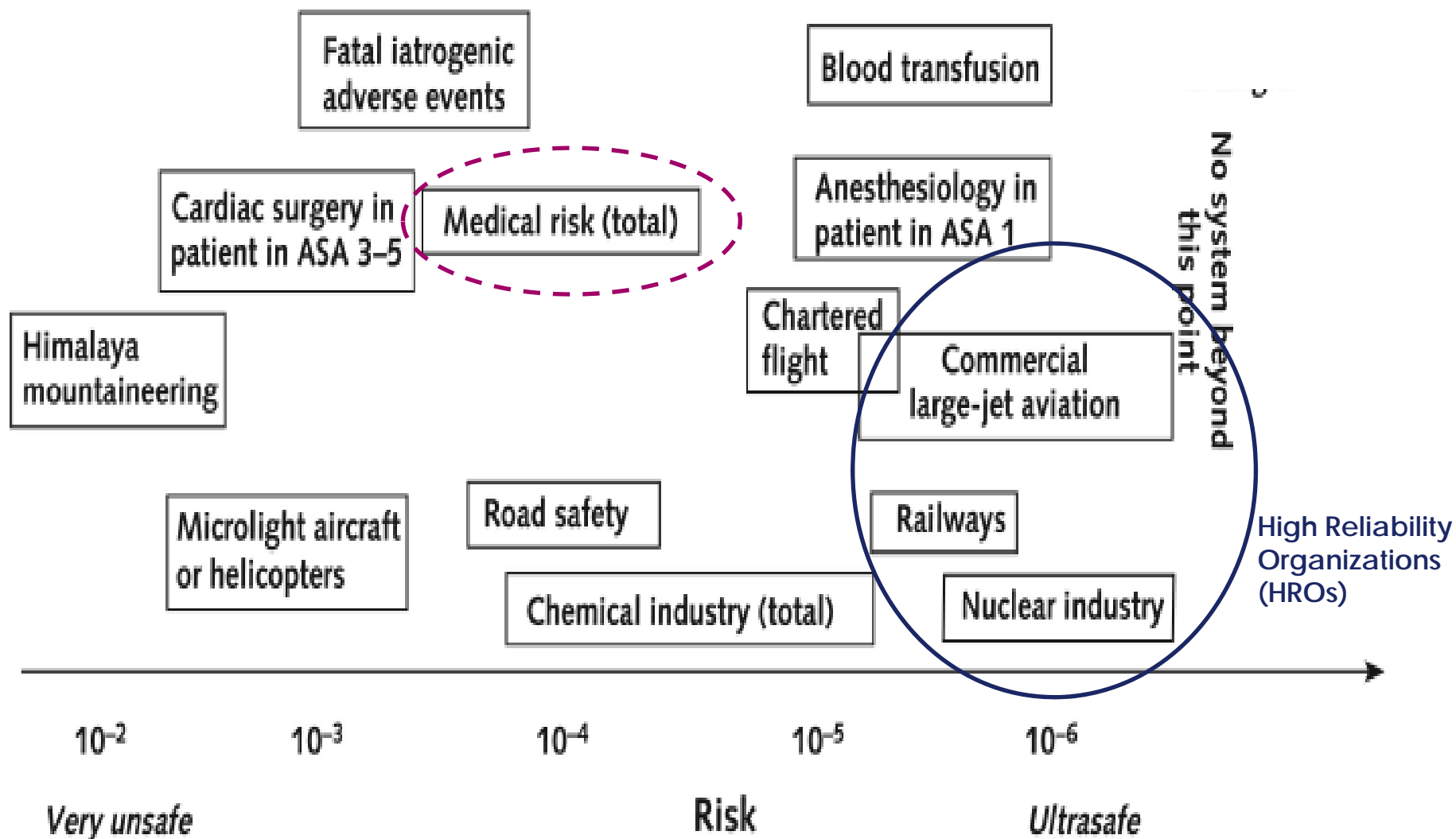
Level 1. *Vigilance and hard work (1 or 2 failures out of 10 opportunities or 80 – 90%)*

- Awareness and training

- Feedback of data

- Personal reminders by an expeditor

- Standardization (broad, general)

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Model 10^{-1} Reliability

- Common equipment.

- Standard orders sheets.

- Personal check lists.

- Working harder next time.

- Feedback of information on compliance.

- Awareness and training.

Basic failure prevention – Intent, vigilance and hard work

Level 2. *Human Factors & Reliability Engineering*
(5 or fewer failures out of 100 opportunities -- 95%)

- Redundancy

- Checklists and reminders (built into the process)

- Differentiation such as color coding

- Real time identification of failures such as drug interactions

- The default is the desired action, for example standard order sets

- Standardization of essential tasks

Model 10^{-2} Reliability

- Decision aids and reminders built into the system.

- Desired action the default (based on evidence).

- Standardization of process.

- Takes advantage of habits and patterns.

- Redundancy.

- Scheduling.

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Level 3. *Sophisticated behavioral designs*
(5, or fewer, failures out of 1,000 opportunities or 99%)

- Take advantage of habits and patterns

- Make the system visible

- Clear and unambiguous communication

- **High reliability organization**

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Attributes of High Reliability Organizations

- Preoccupation with failure

- Reluctance to simplify interpretation of problems

- Sensitivity to operations

- Commitment to resilience

- Deference to expertise

Attributes of High Reliability Organizations

1. Preoccupation with failure

- Small failures are as important as large failures
- Avoid complacency:
    - Success breeds confidence in a single way of doing things and generates complacency
    - *Ex. "My patient has never had a Potassium overdose, so why should I change?"*
- Success narrows perceptions
- Worry about normalization of unexpected events

Attributes of High Reliability Organizations:

2. Reluctance to simplify interpretations

- Closer attention to context leads to more differentiation of world views and mindsets

- Look for the root cause, not the obvious cause
    - *Ex. 'Dumb resident wrote a 10-fold overdose'*

- Root cause: "Dumb" resident was up all night in ED with seizing kid, called for verbal order

Attributes of High Reliability Organizations:

2. Reluctance to simplify interpretations

- Differentiation (*diverse viewpoints*) brings a varied picture of potential consequences → better precautions and responses to early warning signs.

- Over dependency on insiders leads to simplification.
    - *Ex. "This is the way we do things here…"*

Attributes of High Reliability Organizations:

3. Sensitivity to operations

- Organization designed around the frontline, not the other way around.
- Make continuous adjustments that prevent errors from accumulating and enlarging based on reporting from operations, not the "master plan"
    - *Ex. Daily safety huddles*
- Safety behaviors are clear: Roles of clinicians & parents
- 200% accountability
- Situation awareness

Attributes of High Reliability Organizations:

4. Commitment to resilience

- Develop capabilities to *detect*, contain, and bounce back from those inevitable errors that are part of an indeterminate world

    - *Ex. Trigger tools (and automation)*

- A focus on intelligent reaction, improvisation

- Correct errors before they worsen and cause more serious harm

    - *Ex. "Stop the line"*

Attributes of High Reliability Organizations:

5. Deference to expertise

- Decisions are made on the frontline, and authority migrates to the people with the most expertise, regardless of their rank

- Avoidance of the structure of deference to the powerful, coercive or senior

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A Mindful Infrastructure for High Reliability

Fundamental Characteristics

General Orientation

Impact on Processes

Ultimate Outcome

Preoccupation with Failure

Reluctance to Simplify

Sensitivity to Operations

Commitment To Resilience

Deference to Expertise

State of Mindfulness

Capability to Discover and Manage Unexpected Events (High-Reliability)

Exceptionally Safe, Consistently High Quality Care

Weick, Karl, "Managing the Unexpected"

Practical Solutions Toward High Reliability

- <u>Zero defect philosophy</u>: Care defects not accepted as inevitable

- <u>Stop the line</u>: Responsibility to fix dangerous processes

- <u>Systems thinking</u>: Systems and processes drive outcomes

- <u>Standardization</u>: Checklists, boarding passes, order sets

- <u>Data driven</u>: Evidenced-based decision making

- <u>Technology</u>: Tools for supporting ideal processes

Practical Solutions Toward High Reliability

- **Leadership**: "Patient first" mantra

- **Organizational clarity**: Mission statement, goals/incentives aligned

- **Human factors integration**: Fatigue, staffing ratios, labels

- **Culture**: "Patients first," collegiality, teamwork, communication, reporting (TeamSTEPPS program)

- **Simulation**: Prepare in advance for high risk situations

Barriers for Organizations desiring to be an HRO:

- Focus on success
- Underdeveloped cognitive infrastructure
- Focus on efficiency
- Inefficient learning (episodic)
- Lack of diversity (focused conformity)
- Information & communications filtering
- Reject or excuse early warning signs of quality degradation

Source: Weick and Sutcliffe

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Common Reasons Health Care Organizations Do Not Behave Like HROs

- Current improvement methods excessively dependent on vigilance and hard work

- Benchmarking to limited outcomes gives clinicians and leaders a false sense of process reliability

- A permissive attitude toward clinical autonomy allows for wide and unjustifiable performance variation

- Processes are rarely designed to meet specific, articulated reliability goals

Source: IHI experience with 40 organizations working to achieve higher levels for CMS Core Measures

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Influencing Behaviors at the Sharp End

Design of
**Policy &
Protocol**

Design of
Culture

Design of
**Work
Processes**

Design of
Structure

Design of
**Technology &
Environment**

Behaviors
of Individuals & Groups

"You have to manage a system. The
system doesn't manage itself."

W. Edwards Deming

"A bad system will DEFEAT
a good person every time."

W. Edwards Deming

Outcomes
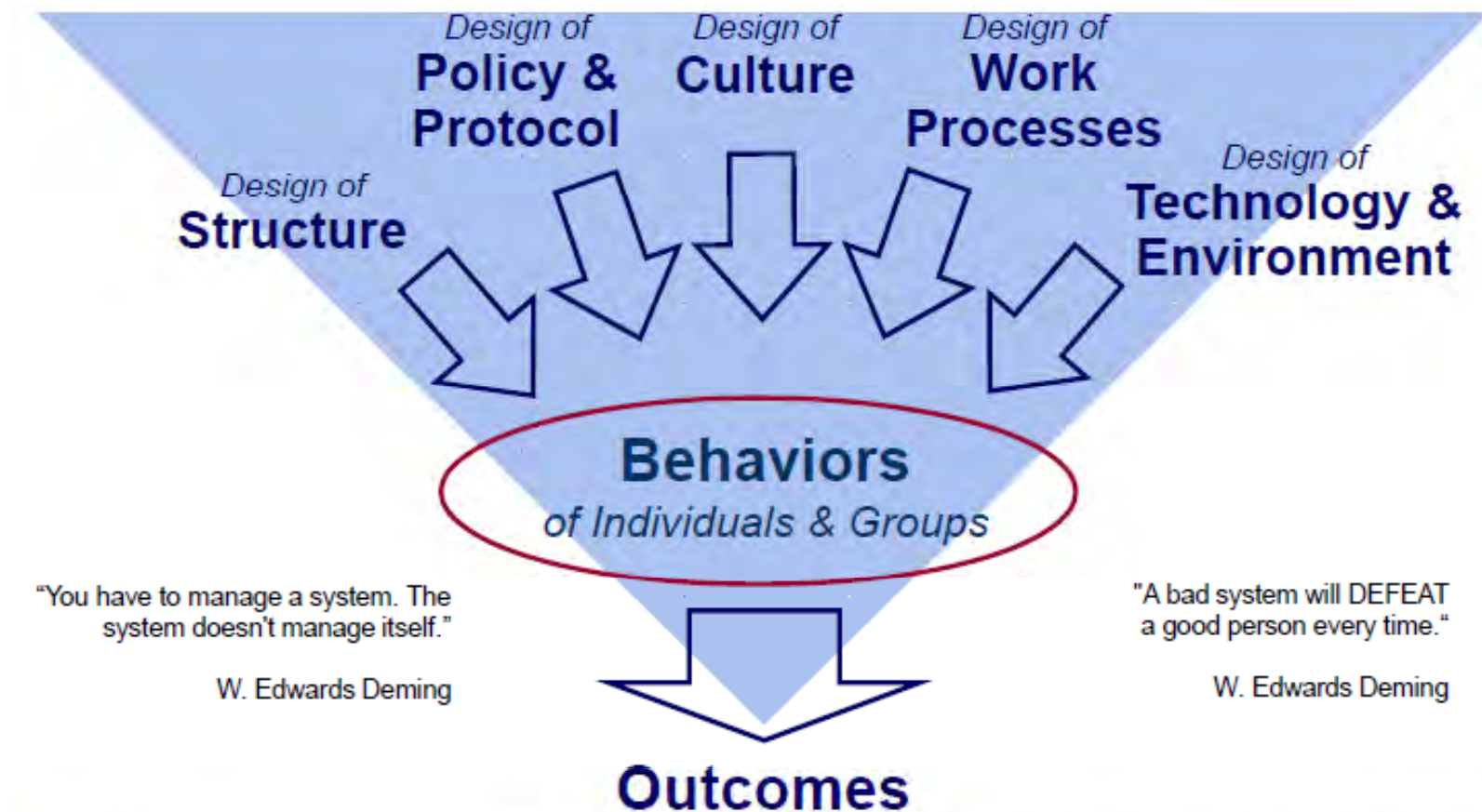
Adapted from R. Cook and D. Woods, *Operating at the Sharp End: The Complexity of Human Error* (1994)

Optimizing Reliability

Behavior Accountability

Human Factors

Process, Protocol &Technology

Design to Optimize Human Performance at the point of people interface:
- *Easy* to do the right thing – *impossible* to do the wrong thing
- Intuitive design
- Mistake proofing by design (i.e. poka yoke)

Reliability Culture

- Safety as the core value
- Behavior expectations for error prevention
- Collaborative Interactive Teams
- Leadership behaviors for reliability

Process, Protocol &Technology

- Resource allocation
- Evidence-based practice (e.g. bundles)
- Technology enablers

10^{-6}
10^{-5}
10^{-4}
10^{-3}
10^{-2}
10^{-1}

Conclusions

- Adverse events in hospitals occur <u>frequently</u>

- Targeted interventions for high frequency events are valuable, but won't move organizations past mediocrity

- To make quantum leaps in quality and patient safety use tenets of reliability science

- Integrate attributes of highly reliable organizations

- Understand and overcome the barriers to high reliability in health care

- And remember…

Why do we care about Healthcare Quality?

…… 'Our significant Others'

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ATTACHMENT #3

Dashboard Discussion

Quality and Patient Safety Committee

18 December 2012

Key Outcome: Patient Satisfaction

| Domains and Questions | n | Your Top Box Score | | | All DB N = 1703 | All PG DB N = 1703 |
		Previous % Apr-Jun	Current % Jul-Sep		Percentile Rank	Percentile Rank
Rate hospital 0-10	371	55%	55%	-	6	6
Recommend the hospital	369	62%	61%	▼	17	17
Comm w/ Nurses	374	65%	70%		6	6
Nurses treat with courtesy/respect	373	69%	76%	▲	5	5
Nurses listen carefully to you	372	65%	67%	▲	9	9
Nurses expl in way you understand	370	59%	65%	▲	7	7
Response of Hosp Staff	318	50%	51%	▲	5	5
Call button help soon as wanted it	300	54%	58%	▲	24	24
Help toileting soon as you wanted	163	45%	44%	▼	1	1
Comm w/ Doctors	374	81%	81%	-	55	55
Doctors treat with courtesy/respect	371	86%	87%	▲	55	55
Doctors listen carefully to you	371	81%	80%	▼	59	59
Doctors expl in way you understand	370	77%	76%	▼	50	50
Hospital Environment	374	54%	53%	▼	4	4
Cleanliness of hospital environment	372	52%	53%		1	1

Key Outcome: Patient Satisfaction
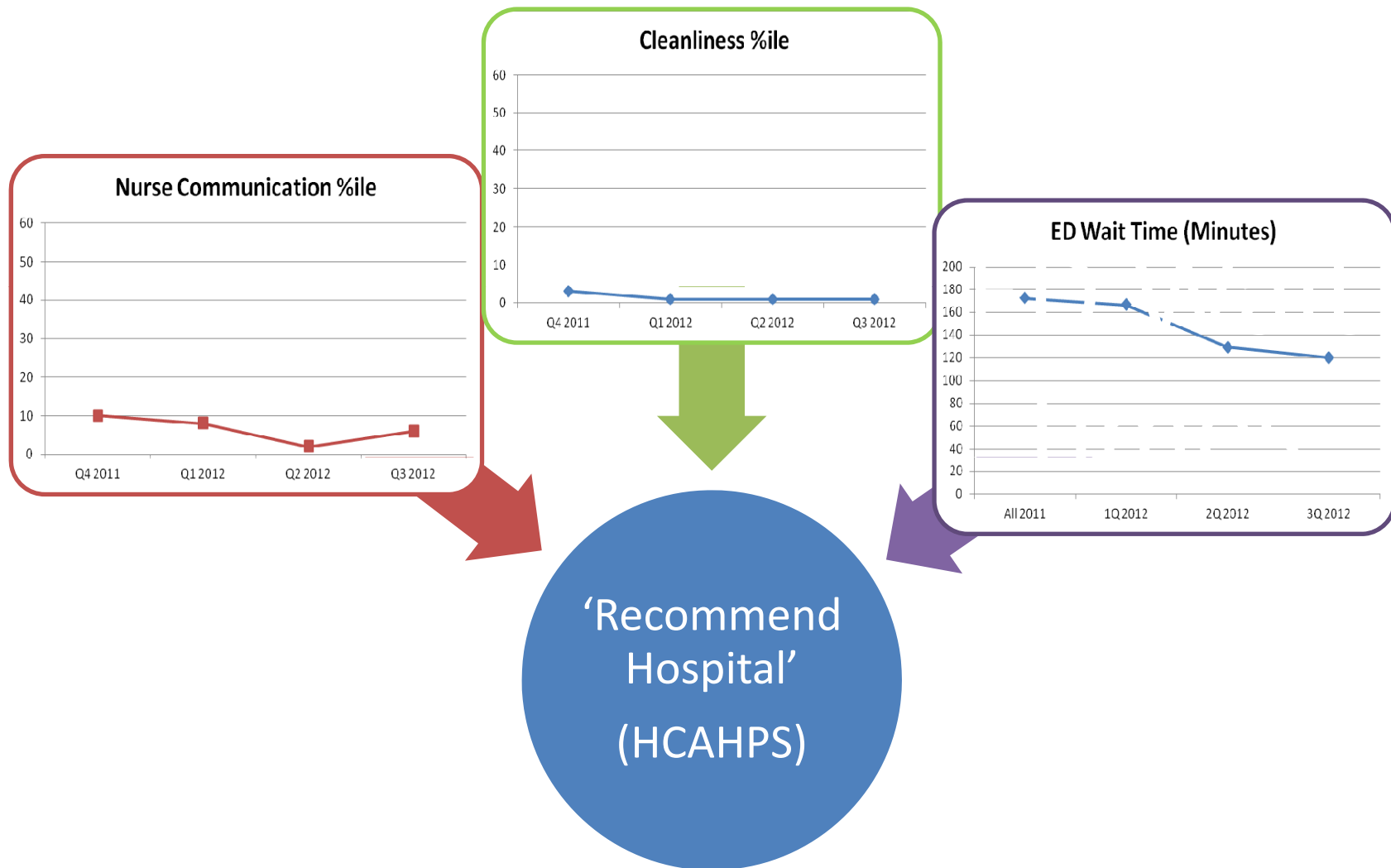
Key Outcome: Readmissions
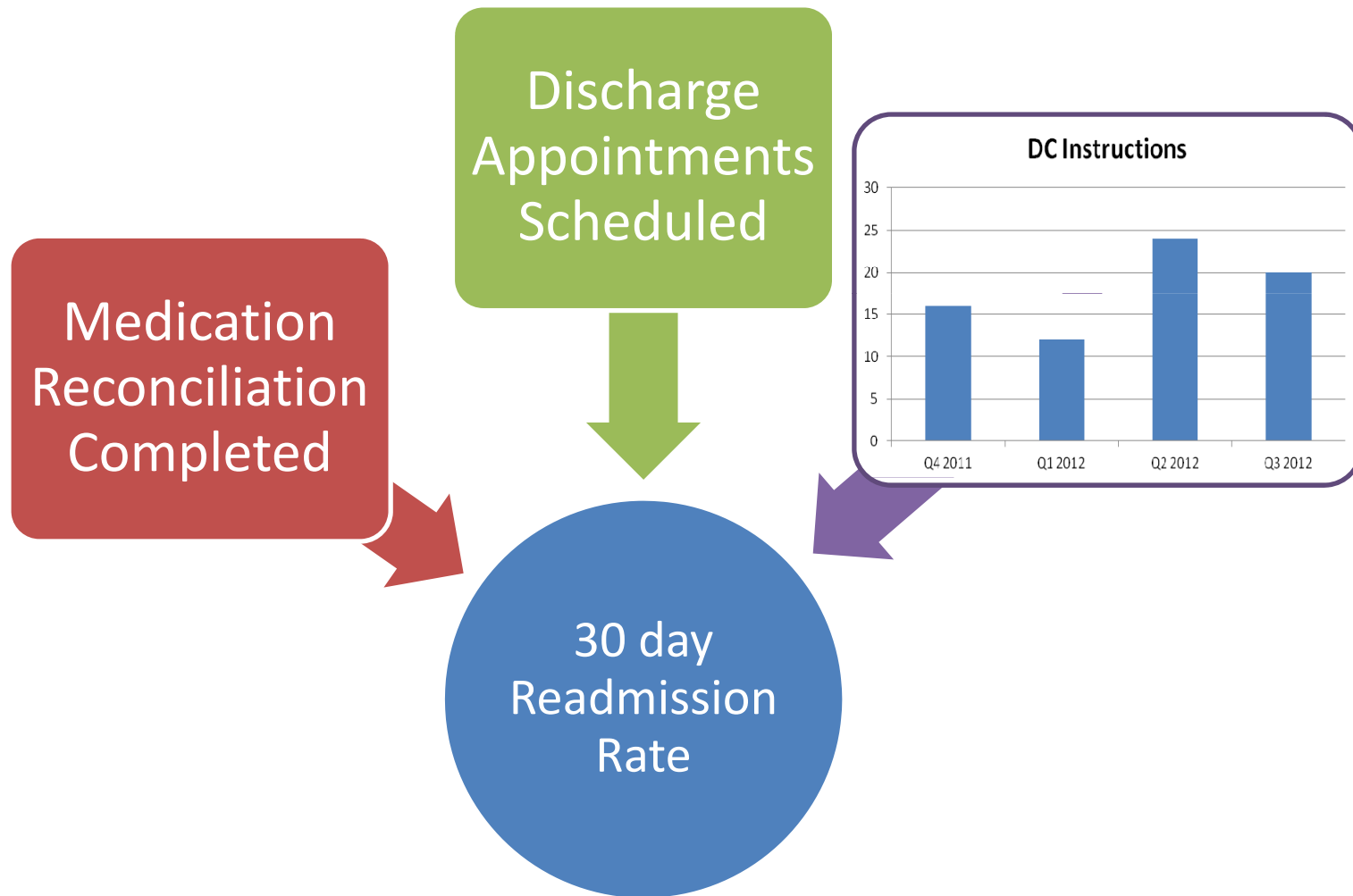
Key Outcome: Hospital Acquired Conditions

Direct Care Related

Infections

Medication Related

Total Number of Events per Month
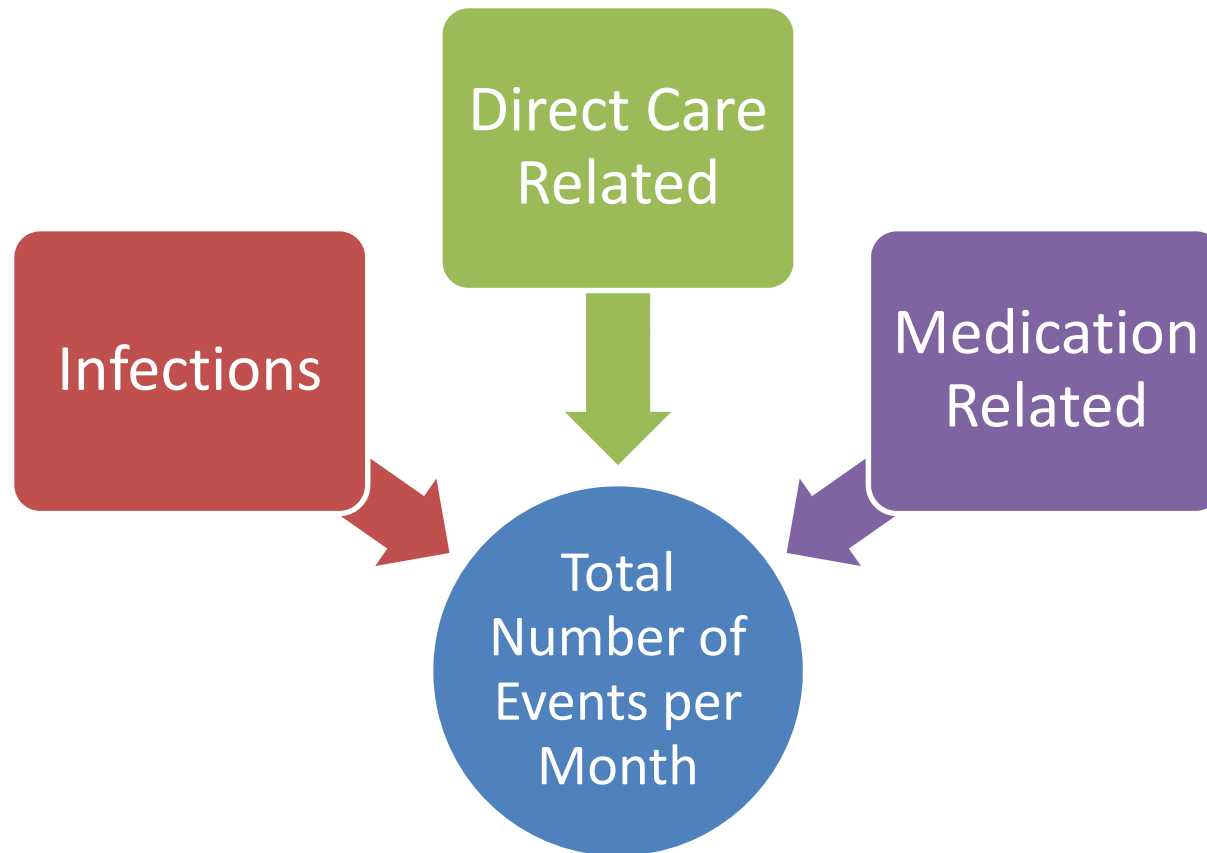
Key Outcome: Hospital Acquired Conditions

- Infections:
  - CLABSI – central line infections
  - CAUTI – urinary tract infections
  - VAP – ventilator associated infections
- Patient Care:
  - Falls
  - Pressure Ulcers
- ADEs

DISCUSSION

ATTACHMENT #4

2015 Strategic Plan
Annual Update for 2012

The 2015 Strategic Plan was approved in 2011 by the Cook County Health and Hospital System Board and the Cook County Board of Commissioners. The 2012 Annual Update provides a summary of activities working toward the 2015 Strategic Plan Goals.

Goal 1 |
Leading Public Health in Cook County

Activities were underway in 2012 to ensure CCDPH continued to take a leadership role in planning, providing for, and protecting the health of all residents of Cook County. Efforts highlighted below include increased integration within the Cook County Health & Hospital System (CCHHS), work to address suburban Cook County (SCC) health priorities, identified through the WePlan 2015 process, updated community profiles and the preparation for accreditation through the Public Health Accreditation Board.

An Oral Health Services Unit in the Ambulatory and Community Health Network (ACHN) was created for the provision of oral health services including preventive and restorative throughout the CCHHS. CCDPH has played an active role in developing a job description for the director position and in the interview process. CCDPH dental positions will be transitioned into the newly created unit in 2013.The Harvey Tuberculosis (TB) clinical services were transitioned to the newly configured CCHHS Chest Clinic to integrate CCDPH TB control with the services of the pulmonary specialty group and the CCHHS ACHN.

CCDPH has leased space adjacent to the Vista Health Center in the Palatine Opportunity Center for FY2103 with the goal of relocating CCDPH WIC (Women, Infants, and Children Supplemental Nutrition Program) services from the Rolling Meadows courthouse to facilitate integration of pediatric primary care with WIC.

Community profiles were updated using the most recent data available from national, state and local sources for suburban Cook County, CCDPH region, CCDPH Districts and each incorporated municipality. Data includes selected indicators from U.S. Census data for 2000 and 2010, selected health indicators and rates for maternal and child health, leading causes of mortality and reportable communicable diseases for the periods 2000-2002, 2003-2005 and 2006-2008. The profiles are available to the public on the CCDPH website.

The CCDPH Accreditation process through Public Health Accreditation Board (PHAB) began in 2011 with the goal of advancing the quality and demonstrating accountability for our work. To become accredited, CCDPH must meet national standards of quality, excellence and leadership in 12 domains. Each Executive Team member leads one or more of the 12 Accreditation Domains. To ensure unification of efforts, the objectives in the agency's Strategic Plan and WePlan were aligned under one or more of the 12 Accreditation Domains.

CCDPH continued its active participation in the Northern Illinois Public Health Consortium (NIPHC) comprised of the health departments in the region including the City of Chicago to promote and protect the health of the region through networking and collaborative action.

Cook County Department of Public Health
Promoting health. Preventing disease.
Protecting you.

Goal 2 |
Improving Health Status

The health status of our residents and communities will be improved through implementation of a strategic health plan. Multi-disciplinary teams were created to address the four WePlan Health Priorities: cardiovascular disease, access to care, adolescent sexual health and youth violence. Teams have worked with academic partners and have developed evidence-based action plans.

Team members comprise a little over 10 percent of the entire CCDPH staff. To ensure CCDPH staff has an understanding of the four health priorities, the four teams created a joint task force to coordinate staff training and awareness. A Public Health 101 course was developed and included case studies that were developed for all four health priorities and a mandatory training was completed by all CCDPH staff in May 2012.

Goal 3 |
Achieving Accreditation & Assuring Quality

Continuous implementation of agency-wide performance management strategies and meeting established national standards for local public health practice will enable CCDPH to deliver the highest quality programs and services.

A statement of intent along with the Public Health Accreditation Board (PHAB) application was submitted. Formal PHAB Accreditation Coordinator training and access to e-PHAB, the official online venue was completed in July, 2012. Following documentation submission, a site visit will be conducted. It is anticipated that we will complete the process before the end of 2013. Earning the accreditation designation will provide our work with an additional standard of quality and accountability that mirrors that of accredited health departments across the nation.

A CCDPH multidisciplinary Quality Committee composed of Executive Team leaders reviewed quality improvement (QI) resources and assessed other local health department QI experiences to inform the development of a CCDPH QI plan.

The Committee's purpose, structure and decision making process have been finalized. Quality Improvement Teams will convene to address each of the FY13 QI Indicators to include PHAB indicators and improve health indicators in the areas of Lead Poisoning Prevention, Environmental Health, Communicable Disease, Tuberculosis and High Risk Infants.

Goal 4 |
Strengthening Organizational Capacity

CCDPH continues to improve its organizational capacity to meet county-wide public health responsibilities, employing workforce development and specific initiatives focused on communications, information technology, and fiscal resources.

In 2012, CCDPH's Human Resources (HR) Unit was consolidated with the CCHHS Human Resources Department as part of the CCHHS Strategic Plan Vision 2015. This merger continues to improve the efficiency and uniform provisions of HR services to CCDPH and OFHC. CCDPH is currently working with CCHHS Staff to develop a CCDPH Workforce Development Plan. The CCDPH Workforce Development Plan will standardize the orientation process for new hires to CCDPH including an orientation to the CCHHS. The plan will also detail mandatory trainings such as Public Health 101, Health Equity, Bloodborne Pathogens, HIPAA and others.

CCDPH is now connected to the State of Illinois Rapid Electronic Notification (SIREN) System. SIREN electronically sends alerts from the Illinois Department of Public Health (IDPH) Health Alert Network (HAN). SIREN allows CCDPH staff to receive alerts via email and/or by logging into the SIREN website. Additionally, SIREN will be used to conduct emergency drills with CCDPH staff and external agencies that CCDPH may coordinate with during an emergency response event.

To maintain fiscal viability, CCDPH submitted competitive bid applications for funding to support work on the WePlan Health Priorities (see Goal 2) and training opportunities to develop competencies to support the accreditation process.

Objective 1.1: By December 30, 2012, complete a study to assess the optimal organizational and governance structure for public health departments and services in Cook County.			
Activities	**Target Completion Date**	**12 Month Measure of Success 9.1.2011 – 8.31.2012**	**Status**
Convene a Blue Ribbon Panel (BRP) to examine the feasibility of one public health authority that consolidates all population-based and personal health services in Cook County.	Postponed	Change in leadership and organizational structure of the CCDPH and CCHHS resulted in the deliberate choice to postpone convening of the BRP to address the feasibility of one public health authority. Preliminary meetings were held with key leadership of the Northern Illinois Public Health Consortium including Chicago Department of Health (CDPH). A report was issued by the Health and Medicine Policy Research Group regarding the issue of a single health authority in June 2009 and recommended consolidation of the two health departments. This consolidation was tabled in October 2011 by the Office of the President, the CCHHS Board of Directors, and the Mayor. CDPH chose to apply independently as a local health department for national public health accreditation rather than regionally with CCDPH reinforcing the postponement.	Did not meet goal.
Seek funding to support BRP activities.	Postponed	Not Applicable.	Not Applicable.
BRP reports findings and recommendations.	Postponed	Not Applicable.	Not Applicable.
CCDPH will review the BRP findings and recommendations, and work with key stakeholders on responding to the fiscal and operational impacts.	Postponed	Not Applicable.	Not Applicable.
Seek funding to implement recommendations in support of the optimal organizational and governance structure.	Postponed	Not Applicable.	Not Applicable.
Leading Successes and/or Barriers to Success Jurisdictional funding and political constraints are barriers to creation of a single public health authority in Cook County. CDPH receives the majority of its funding for public health activities through the federal government/CDC while CCDPH receives funding through the IDPH. There have been significant attempts made to ensure coordination of activities between suburban Cook County and the collar counties of Lake, DuPage, McHenry, Kane, and Will in addition to the city of Chicago and County of Cook primarily through the Northern Illinois Public Health Consortium and its Executive Team and Committee Structures. CCDPH is an active participant in the NIPHC and CCDPH provides leadership on the various committees.			

Objective 1.2: By December 30, 2012, complete a study to assess the optimal organizational and governance structure for public health departments and services in Cook County.			
Activities	**Target Completion Date**	**12 Month Measure of Success 9.1.2011 – 8.31.2012**	**Status**
Prepare updated community profiles for regions and communities in Cook County, which present sociodemographic and health outcome data, as well as trends between specific time periods.	June 30, 2015	In April 2012, revised and updated community profiles were created using the most recent data available from national, state and local sources for suburban Cook County, CCDPH region, CCDPH Districts and each incorporated municipalities. Data provided includes selected indicators from U.S. Census data for 2000 and 2010, selected health indicators and rates for maternal and child health, leading causes of mortality and reportable communicable diseases for the periods 2000-2002, 2003-2005 and 2006-2008. The profiles are posted on CCDPH's website.	Met the goal.
Convene a workgroup to assess each agency's capacity, identify shared priorities, and provide input to the Blue Ribbon Panel.	June 30, 2015	Establishment of Blue Ribbon Panel has been postponed (See Objective 1.1). Under the leadership of CCDPH staff, the Northern Illinois Public Health Consortium's Epidemiology Subcommittee conducted an assessment of local health department lead health (IPLAN) priorities for all 11member health departments. A summary of the assessment findings were presented to the NIPHC Board in July, 2012. Results will be used to identify opportunities for strategic alignment, regionalized approaches and common health status measures for the region.	On target to meet goal.
Develop a report that list all state and federal funding streams received by each local health department to examine whether a more comprehensive integrated strategy can be proposed encouraging more program integration and effectiveness thus maximizing these funding streams.	June 30, 2015	This activity was postponed. A new IDPH director was appointed in Spring 2012. He began a series of meetings with local health departments to address how IDPH can support local health departments and attended the NIPHC meeting including funding. A statewide integrated proposal was submitted for the Strong Start program to reduce infant mortality in Illinois with CCDPH and CCHHS participating in the proposal.	On target to meet goal.
Assess and develop a library that will inventory all databases at each local health department.	June 30, 2015	CCDPH conducted an internal assessment of information technology including applications and databases supporting core public health functions for security and support in collaboration with the CCHHS IT (Shared Services).	On target to meet goal.

Improve data sharing between health departments in Cook County through the provision of data-sharing agreements, specifically for Emergency Preparedness, TB, Lead, CD, and EHS & APORS (e.g., prematurity, lbw,genetics, etc.)	June 30, 2015	CCDPH and CDPH Epidemiology Units are working on an initial project to obtain cancer registry data from the Illinois Cancer Registry (ICR). A joint request was made for these data. Data sharing agreements will be initiated for this project once ICR has prepared the data. CCDPH established data sharing agreements with other LHDs in Cook County for syndromic surveillance through the ESSENCE system. As part of the NATO Response, CCDPH conducted syndromic surveillance during the event from hospitals and pushed out the consolidated data to local health departments.	On target to meet goal.
Create process maps of mandated communicable control activities at each local health department to assess areas of integration, coordination, and collaboration while avoiding duplication.	June 30, 2015	CCDPH participates on the NIPHC Infectious Disease Subcommittee to coordinate control of communicable diseases across the region. NIPHC participants follow standardized guidelines of a tiered outbreak response plan developed in 2009. The ID Subcommittee meets six times per year to review and revise procedures to ensure control of communicable diseases in the region.	On target to meet goal.
Create a comprehensive epidemiologic analysis of heath status indicators representing health status for Cook County on an annual basis that will be disseminated internally and externally.	June 30, 2015	As part of CCDPH's WePLAN process, which is required for IDPH certification, a comprehensive epidemiologic analysis of demographic and health indicators for all of suburban Cook County including the 4 suburban local health department jurisdictions. The report is posted on the website.	On target to meet goal.
Create a multidisciplinary public health team across local health departments to examine public health issues as it relates to the water quality of Lake Michigan.	June 30, 2015	Postponed indefinitely.	Not applicable.
Conduct a county-wide programmatic needs assessment for public health mandated and non-mandated services, specifically addressing CCDPH's role in providing these services throughout Cook County.	June 30, 2015	Funding was receiving through the Chicago Community Trust to conduct an assessment of the safety net in Cook County including the City of Chicago. This assessment will include primary care and preventive services traditionally non-mandated services. Assessment of environmental and/or communicable disease control issues has not been conducted since there has been no change from prior years. With the exception of Stickney Health Department, all local certified health departments in Cook County are responsible for their own communicable disease control and prevention and environmental health inspections.	On target.

Leading Successes and/or Barriers to Success
Participation in the Northern Illinois Public Health Consortium continues to support the coordination and collaboration between the regional health departments to minimize the impact of jurisdictional boundaries and regulatory authority. Jurisdictional authority and accountability continues to be a barrier with each local health department having a separate governing entity.

Objective 1.3: CCDPH will exchange data directly with the Illinois Health Information Exchange (HIE) by June 30, 2015 and eliminate duplication of data reporting to state agencies.			
Activities	**Target Completion Date**	**12 Month Measure of Success 9.1.2011 – 8.31.2012**	**Status**
Work with the HIE to establish the appropriate platform for CCDPH data reporting to the HIE. *Note: This action step will be done in conjunction with Goal 4/Objective 4.3, to complete implementation of an electronic health records system.*	June 30, 2015	CCDPH representative participates on the Illinois Department of Public Health HIE workgroup. The workgroups activities have focused on defining the criteria and data requirements for federal Meaningful Use phase 1 related to immunization registry data, electronic laboratory reporting of communicable diseases and syndromic surveillance.	On target to meet goal.
Establish mechanisms for CCDPH to access local, regional and statewide health information that is stored in the HIE.	June 30, 2015	This is on hold pending implementation of the Chicago Regional HIE.	Not applicable.
Leading Successes and/or Barriers to Success The Chicago Regional HIE has not been implemented delaying the exchange of data. Many healthcare providers have not fully implemented an EMR (Electronic Medical Record) required for electronic data exchange.			

Objective 1.4: By June 30, 2013, CCDPH will define and implement a transformational public health practice model in Cook County.			
Activities	**Target Completion Date**	**12 Month Measure of Success 9.1.2011 – 8.31.2012**	**Status**
Integrate CCDPH public health clinical services into comprehensive CCHHS settings.	June 30, 2015	Integration has started with the creation of an Oral Health Services Unit in the Ambulatory and Community Health Network. This newly created unit will be responsible for the provision of oral health services including preventive and restorative throughout the CCHHS. CCDPH positions will transitioned to this newly created unit in County Fiscal Year 2013. CCDPH has participated in the development of the job description for the Director and has participated in the interview process to select a candidate for the newly identified position. Clinical services at the Harvey TB clinic will be transitioned to the newly configured Chest Clinic on the Oak Forest Health Center campus. The Chest Clinic represents the integration of tuberculosis control and management with the services of the Pulmonary specialty group and the Ambulatory and Community Health Network. CCDPH has leased space adjacent to the Vista Health Center in the Palatine Opportunity Center for FY2103 with the goal of relocating CCDPH WIC (Women, Infants, and Children Supplemental Nutrition Program) services from the Rolling Meadows courthouse to facilitate integration of pediatric primary care with WIC.	On target to meet goal.
Envision and define population health teams, which reflect the multi-disciplinary nature of public health. *Note: The multi-disciplinary teams in this action step will be aligned /integrated with the multi-disciplinary teams noted in Goal 2/Objective 2.1 and Goal 3/Objective 3.3*	December 31, 2012	Multi-disciplinary teams to address the four (4) WePlan Health priorities cardiovascular disease, access to care, adolescent sexual health, and youth violence were established in September 2011 and met throughout the year to develop intervention plans. The Leadership of the Health Priority Teams is currently in the process of identifying academic partners.	On target to meet goal.
Integrate comprehensive TB Control services into CCHHS settings.	June 30, 2013	CCDPH TB Control Staff and clients are scheduled be transferred from the CCDPH Harvey Clinic to the Pulmonary Clinic at Oak Forest Health Center on August 31, 2012. Plans for the transfer of the Forest Park and Des Plaines clients/staff are on hold until Director of Ambulatory Care for the CCHHS is selected to ensure continuity and compatibility with Ambulatory and Community Health (ACHN) strategic directions regarding primary/specialty care.	On target to meet goal.

Integrate primary dental services into CCHHS comprehensive primary care settings.	June 30, 2013	CCDPH participated in the creation of the job description for the Dental/Oral Health Director for the CCHHS and will participate in the interviewing of eligible candidates and selection process. A cost center for Dental/Oral Health has been established for FY2013. Dental positions were transferred from CCDPH to the CCHHS Cost Center for FY2013.	On target to meet goal.
Convene a multi-affiliate Public Health Workgroup to address strategic public health priorities and initiatives identified by CCDPH and CCHHS.	June 30, 2013	Multi-affiliate Public Health Workgroup has not been convened. CCDPH has been supporting the CCHHS application for the 1115 Medicaid Waiver as part of healthcare reform. In addition, CCDPH has been working with CCHHS consultants to provide information to inform CCHHS of strategic initiatives regarding the burden of chronic diseases. CCDPH has also actively participated in development of workforce wellness initiatives that cross CCHHS and Cook County affiliates.	On target to meet goal.
Re-organize CCDPH organizational structure to reflect the transformational public health practice model.	June 30, 2013	To prepare for Accreditation through the Public Health Accreditation Board (PHAB), the Executive Team was reorganized to lead each of the 12 Accreditation Domains in October 2011. Each Objective was cross-walked to one of the 12 Accreditation Domains to ensure alignment of the Strategic Plan with Accreditation and WePlan.	On target to meet goal.

Leading Successes and/or Barriers to Success
Both CCDPH TB Control and ACHN Pulmonary clinic staffs accepted challenge of integration and participated in the process to ensure quality care and client satisfaction. Physical space was readily available on the Oak Forest Health Center campus to accommodate the combined clinical and patient load. Dental integration is more challenging given the differences in scope of dental practice among the CCHHS dental programs (CORE, CCDPH, ACHN, and Cermak). It is anticipated that once the Dental/Oral Health Director is selected and in place, there will be standardization of scope and procedures to ensure full integration and seamless delivery of services to CCHHS clients. With the focus on the 1115 Waiver Application as part of Health Care Reform initiatives, changes to existent clinical services have been postponed to reconfigure the required health care services mandated in the waiver.

Objective 2.1: By June 30, 2015, develop and implement a CCDPH Strategic Health Plan, incorporating WePLAN2015 priorities and at least four additional health priorities (N=8).			
Activities	**Target Completion Date**	**12 Month Measure of Success 9.1.2011 – 8.31.2012**	**Status**
Establish cross disciplinary teams (CDT) for four Strategic Health Plan priorities to develop, implement, and monitor program plans. • Establish teams by December 31, 2011 • Develop goals and evidence-based action plan – March 31, 2012 • Implement action plan and use outcome measures to revise actions – September 30, 2012.	June 30, 2015	Four CDTs were established to address 1) Reduction of Cardiovascular Disease (CVD); 2) Prevention of Teen Sexually Transmitted Infections (STIs/STDs) and Teen Pregnancy; 3) Prevention of Youth Violence and 4) Access to Care in September 2011. Goals and evidence based action plans were developed by September 2012. In general, the deadlines for these teams have lagged by 3-6 months. All teams experienced significant changes in leadership as staff left the department. All four CDTs presented their goals and action plans to the group in September 2012. Team members represent 10 percent of the CCDPH staff. Positive staff response to team activities centered around the opportunity to work with people from across the department and focus on a specific public health issue identified by the community. The Goal 2 Leadership Team meets twice per month to review updates and coordination opportunities across goals.	Did not meet goal.
Establish cross disciplinary teams (CDT) for two additional Strategic Health Plan priorities to develop, implement and monitor program plans. • Establish teams by December 31, 2012 • Develop goals and evidence-based action plan – March 31, 2013 • Implement action plan and use outcome measures to revise actions – September 30, 2013.	June 30, 2015	Because of the time required to start and sustain teams and develop action plans for implementation, this goal has been postponed and will be reconsidered in December 2013.	Did not meet goal.
Establish cross disciplinary teams (CDT) for 2 remaining Strategic Health Plan priorities to develop, implement and monitor program plans. • Establish teams by December 31, 2013 • Develop goals and evidence-based action plan – March 31, 2014 • Implement action plan and use outcome measures to revise actions – September 30, 2014.	Postponed	Will decide by September 30, 2013 IF two new teams should be established. The Goal 2 Leadership Team will explore other ways to address the additional four health priorities (health inequities, lack of coordination, lack of health promotion/education, lack of funding, and lack of livable communities) given the limited resources e.g. expanding the scope of present teams. All teams have been asked to address health equity concerns in their action plans.	Did not meet goal.
Leading Successes and/or Barriers to Success Barriers to success included; frequent change in health priority leadership due to employees leaving the department, different processes and approaches implemented by the Goal 2 leadership, time constraints, and lack of appreciation by fellow colleagues not participating on the team. The lack of appreciation requires reinforcement among all levels of the agency that actual implementation of the Health Improvement Plan is an agency priority.			

Objective 2.2: Incorporate evidence-based practice and outcome measurement in addressing the 8 Strategic Health Plan priorities by June 30, 2013.			
Activities	**Target Completion Date**	**12 Month Measure of Success 9.1.2011 – 8.31.2012**	**Status**
Identify potential academic research and practice partners to address evidence-based practice and outcome measurement. • First four priorities – December 31, 2011 • Two additional priorities – December 31, 2012 • Two remaining priorities – December 31, 2014	June 30, 2015	Details are outlined in the action plans. Each team has identified academic and expert partners. Selected strategies for inclusion in the action plan were required to be supported at the highest level of evidence available. A number of teams have had academic and expert partners attend team meetings. The four CDTs are at different stages in identifying how these expert and academic partners may participate in the action plans going forward.	On target to meet goal.
Review and use applicable evidence-based and promising practice in Strategic Health Plan health priority action plans. • First four priorities – September 30, 2012 • Two additional priorities – September 30, 2013 • Two remaining priorities – September 30, 2014	June 30, 2015	Review of evidence based approaches has occurred among the leadership for the four teams. Each team has narrowed down its action plan for the next year. The extent to which team members appreciate literature and best practice around their health priority varies.	On target to meet goal.
Identify the eight health status measures to be monitored, analyzed and reported on at least annually for Cook County. • First four priorities – December 31, 2012 • Two additional priorities – December 31, 2013 • Two remaining priorities – December 31, 2014	June 30, 2015	All four CDTs have selected different measures than those outlined in the WePlan 2015. All Action Plans include impact and process objectives to be measured. These differences were the result of the inability to effectively gather or measure the outcomes as initially conceived. Support from the Community Health Planning and Epidemiology Unit (CHPEU) was provided to each of the CDTs to assist them in developing measurable outcomes.	On target to meet goal.
Assess and develop a library that will inventory all databases at each local health department.	June 30, 2015	CCDPH conducted an internal assessment of information technology including applications and databases supporting core public health functions for security and support in collaboration with the CCHHS IT (Shared Services).	On target to meet goal.
Leading Successes and/or Barriers to Success Review of levels of evidence assisted teams in selection of strategies that would have the greatest impact on the health outcome of interest. Data is critically lacking both in quantity and quality of source around youth violence and access to care.			

Objective 2.3: Increase community awareness of the 8 identified health priorities in Cook County and about public health in general by December 30, 2014.			
Activities	**Target Completion Date**	**12 Month Measure of Success 9.1.2011 – 8.31.2012**	**Status**
Develop branded agency health communications campaign around strategic health priorities to include but not limited to media, social marketing, Web.2.0 options, factsheets and brochures. Develop internal staff awareness campaign around strategic health priorities.	December 31, 2011	Standard templates have been developed for both internal and external communication for "branding" purposes which includes the CCDPH Accreditation Logo and Seal. During Public Health 101 completed in May 2012, there were case studies developed for all four health priorities to increase knowledge. Plans have been made for an update on Goal 2 to go to all staff by December 31, 2012. In addition the Goal 2 Leadership Team has developed the concept of an internal newsletter. A special task force will be created by December 31, 2012 to include representation from all four teams and the CCDPH public relations staff to address communications to the general public.	Not met.
Create a comprehensive health status report that summarizes activities and progress on health priority initiatives for Cook County residents on an annual basis.	December 31, 2013	An Executive Summary on the Strategic Plan for 2012 has been completed incorporating the outcome measures. The detail behind the plans will be made available to the public via the website. Since the first year involved development of plans, the focus was on process rather than outcome.	On target to meet goal.
Communicate the progress on health priority initiatives throughout the year, via branded agency health communications campaign methods, for medical community members, strategic partners, funders and the general public.	December 14, 2014	Work in progress.	On target to meet goal.
Leading Successes and/or Barriers to Success Both the agency annual report and the annual update on the strategic plan have been organized around accreditation and the 12 domains incorporating the health priorities. The standard templates are being consistently used to ensure that documents generated by the Cook County Department of Public Health are recognized.			

Objective 2.4: Increase staff and community capacity to address the 8 identified health priorities in Cook County by June 30, 2014.			
Activities	**Target Completion Date**	**12 Month Measure of Success 9.1.2011 – 8.31.2012**	**Status**
Assess staff competency to accomplish strategic health priorities. • First four priorities – October 31, 2011 • Two additional priorities – October 31, 2012 • Two remaining priorities – October 31, 2013	October 31, 2013	While there has been a general assessment of competencies done in May 2012, specific assessment around Goal 2 has not been completed.	Not on target.
Develop staff training plan to support competencies needed to implement strategic health priority action plans, based on workforce assessment identified in *Goal 4, Objective 4.1*. • First four priorities – December 31, 2011 • Two additional priorities – December 31, 2012 • Two remaining priorities – December 31, 2013	October 31, 2013	Trainings on Evidence-based Practice and Development of Action Plans were provided to the Goal 2 Leadership Team. PowerPoint presentations were prepared for Goal 2 Leadership Team members for dissemination to their teams. Message mapping is scheduled in the first quarter of the 2nd year to address overarching messages for use in schools. Trainings to address Health Equity and Epidemiology 1010 are in the process of development.	On target to meet goal.
Develop an online capacity building tool to support skill and knowledge development of public health related topics for MDs, schools, CBOs, faith and other sectors focused on the 8 strategic health priorities.	June 30, 2014	The target date for this wide-ranging objective is June 30, 2014. At the moment all four teams are developing resource directories that address their health priority. They are coordinating their work and plan to have these resources available on line by September, 2013	On target to meet goal.
Leading Successes and/or Barriers to Success Time constraints and leadership change has impacted assessment of staff competencies specific to health priorities. As part of the national Accreditation Process, the Leadership of Goal 4 of the Strategic Plan (Strengthening Organizational Capacity is developing a Workforce Development Plan specific to the Cook County Department of Public Health. This tool will assist in development of internal recourse capacity to address health priorities.			

Objective 2.5: Increase alliances by June 30, 2012 to focus on the eight strategic health plan priorities.			
Activities	**Target Completion Date**	**12 Month Measure of Success 9.1.2011 – 8.31.2012**	**Status**
Establish and convene the Community Health Advisory Committee (CHAC) to provide advice regarding ongoing implementation of the strategic health plan. a. Established external coalitions to engage in activities to support the strategic health priorities by June 30, 2012. b. Established networks, including a school based network, to support the strategic health priorities by June 30, 2012.	June 30, 2012 - ongoing	The teams are considering the best way to accomplish this task. The Alliance for Health and Active Communities, or AHAC, (established by the Communities Putting Prevention to Work to address chronic disease) continues to meet; however decisions need to be made about the best structure to help implement the action plans. The Goal 2 Leadership team is scheduled to work on the development of the CHAC in the first quarter of the 2nd year. Some teams have organized loose coalitions around their health priority. This work is lagging by 6-9 months. A school based approach is being considered and must be integrated with established department relations with schools (e.g. CD, Emergency Planning etc) There has been discussion about the best way to engage teens and youth especially in school environments/settings to avoid duplication of effort.	Not on target.
Formalize relationships with community providers such as schools, health care providers, and social services agencies, which include mechanisms to share information, assist people in locating the services they need and optimize access, using an agreed upon minimum quality standard.		NOT formalized yet. A number of previously established relationships for CCDPH programs do exist. The teams are exploring ways to a) integrate health priorities into established relationships and b) create new formal relationships to address the health priorities. For example, CCDPH presently refers clients to primary care; however the Goal 2 teams are attempting to identify agencies that are youth friendly.	
Leading Successes and/or Barriers to Success Decisions need to be made on how to best include existing coalitions, working groups, and partners into CHAC to ensure diversity of membership that represents both underserved areas as well as overarching organizations.			

Objective 3.1: By 2012, CCDPH will achieve accreditation status by the Public Health Accreditation Board (PHAB).			
Activities	**Target Completion Date**	**12 Month Measure of Success 9.1.2011 – 8.31.2012**	**Status**
Provide training to the executive team and senior management around accreditation standards and the steps necessary to maintaining accreditation status.	December 31, 2011	Formal public health accreditation training was conducted in the Fall, 2011. All identified staff completed a 4 module online certificate orientation offered by the Public Health Accreditation Board.	Completed
Pre-application staffing and assessment activities: • Identify an Accreditation Coordinator • Convene and train the Accreditation Steering Committee • Conduct an Accreditation Readiness Assessment	June 30, 2011	An Accreditation Coordinator, Valerie Webb, MPH, was identified in the Summer of 2011. Executive and Senior Committee members provide leadership to each of the twelve accreditation Domains and are supported by a team of staff knowledgeable in the Domain area. An Accreditation Readiness assessment was conducted in November, 2011. Bi-monthly meetings of Domain Leaders include ongoing PHAB training on the accreditation process.	Completed
Pre-application planning activities: • Develop staff readiness plan for accreditation and quality improvement • Develop accreditation work plan to address gaps identified in Accreditation Readiness Assessment	August 31, 2011	To increase accreditation readiness, all staff were required to attend a PHAB orientation session that covered the purpose, benefits, process and staff's role in the accreditation process. Six sessions were conducted in the Fall/Winter of 2011. Ongoing staff communication is critical during the accreditation process and monthly updates are provided through the CCHHS newsletter and staff unit meetings. An accreditation logo was developed emphasizing leadership, quality and excellence and is included on all CCDPH communication and on employee badge holders. The Accreditation Readiness Assessment conducted in November, 2011 identified several gaps in our agency's readiness. Primary among them were technical capabilities and leadership changes which have been addressed. Additionally, quality improvement opportunities have emerged throughout the Committee's study of the Accreditation requirements. Many QI gaps can be addressed with available resources, while others will be the work of the Quality Committee/Teams.	Completed

Pre-application implementation activities: • Implement accreditation work plan and identify opportunities to link with applicable strategic plan initiatives. Letter of intent submitted with participation in mandatory in-person application and process training.	December 31, 2011	The accreditation work plan is being implemented and is in the documentation selection and collection phase (#3 of a 7 step process). Each Strategic Plan objective was cross-walked to the applicable twelve Accreditation Domains to ensure alignment of the Strategic Plan with Accreditation and WePlan, the Community Health Assessment and Improvement Plan (a prerequisite for PHAB Accreditation). A Statement of Intent was submitted to PHAB in February, 2012.	Completed .
Apply for accreditation: • Conduct formal self-assessment and post online • Participate in site visit	March 31, 2012	The PHAB application was submitted in May, 2012. Formal PHAB Accreditation Coordinator training and access to e-PHAB, the official online venue was completed in July, 2012. Following documentation submission, a site visit will be conducted. It is anticipated that we will complete the process before the end of 2013.	Schedule adjusted to December, 2013.
Post accreditation activities: • Review accreditation feedback and revise organizational activities based on feedback	November 30, 2012	Pending Accreditation decision.	TBD

Leading Successes and/or Barriers to Success
CCDPH is fully committed to PHAB Accreditation and is currently one of 80 national health departments in the first wave of applications to be accepted. The accreditation process will highlight our agencies' strengths and identify opportunities to improve in areas of quality and performance improvement. This process will lay the groundwork for improved health outcomes. The difficulties in achieving accreditation are tied to ever shrinking public health resources. Programmatic priorities, reduction and changes in staffing and ever present emergencies compete for the time needed to successfully complete the accreditation process.

Objective 3.2: To promote accreditation and reduce duplication of effort in state certification by 2014, CCDPH, in collaboration with other partners, will support the establishment of a mechanism for allowing national accreditation to be used in conferring local health department certification by the Illinois Department of Public Health.			
Activities	**Target Completion Date**	**12 Month Measure of Success 9.1.2011 – 8.31.2012**	**Status**
CCDPH continues participation on the Illinois Accreditation Development Task Force (IADTF), convened by the Illinois Public Health Institute (IPHI), to support voluntary use of accreditation by Illinois local health departments.	June 30, 2011	CCDPH participated in the IL Accreditation Development Task Force until it disbanded in Spring of 2011. CCDPH supports voluntary public health accreditation while currently conforming to state certification rules. Discussions through the Task Force attempted to engage the IDPH on duplication of efforts. Key to the success of the IADTF efforts was an IDPH rule change to coordinate the national accreditation efforts with the state certification efforts. This was not accomplished due to IDPH's objections.	Not applicable.
CCDPH advocates for the continuation of IADTF in FY12.	June 30, 2011	Lead by the IPHI, the group was unable to continue the work due in part to discontinue grant funding. CCDPH continues to advocate for statewide efforts to promote public health accreditation through participation in NIPHC and IPHA.	Not applicable.
CCDPH identifies and engages first year accreditation applicants from Illinois to share lessons learned and best practices on successful accreditation. *Timeframe dependent on PHAB accreditation launch date.*	June 30, 2012	CCDPH is a member of a "Learning Community" of IL local health departments who are in the PHAB process, the University of IL School of Public Health and the IPHI. Meeting monthly for the past year, the group has developed a process for conducting Mock Reviews to assist health departments prepare for PHAB site visits.	Ongoing.
CCDPH creates recommendations for increasing the number of local health departments in Illinois who apply for accreditation, including identification of streamlined certification process in Illinois.	December 31, 2012	CCDPH will continue to work through state and regional efforts to promote accreditation and address the application barriers for other local health departments. Among the members of NIPHC, CCDPH, CDPH and the collar county health departments of Will, Kane, Kendall, McHenry, Lake and DuPage, there is strong support for accreditation. All NIPHC members are in some stage of preparation for accreditation.	Ongoing.
CCDPH recommends a mechanism to IDPH for allowing accreditation requirements and status to be used in conferring certification.	December 31, 2013	Based on the defunding of the IADTF, CCDPH will seek support from NIPHC and the member health departments to address IDPH's perceived barriers to accepting accreditation for state certification.	On target to meet goal.
Communicate the experience of CCDPH through the PHAB accreditation process.	June 30, 2013	CCDPH will work with the Mock Survey group and IPHI to communicate the accreditation process especially following a successful application.	On target to meet goal.
Leading Successes and/or Barriers to Success CCDPH has participated in several statewide and national efforts to promote public health accreditation and support the PHAB standards for all local health departments especially in IL. As one of the largest health jurisdictions in the state, CCDPH is among the first to apply. Despite the barriers experienced in discussing streamlining IDPH certification in light of PHAB accreditation, there is a new IDPH director and an opportunity for new dialogue. The new IDPH director conducted a strategic planning process for IDPH and national accreditation will be addressed based on their strategic plan to align with the state certification process.			

Objective 3.3: By January 1, 2013, the CCDPH Quality Assurance Plan will be fully implemented, ensuring that each Service Unit has established performance benchmarks and quality improvement priorities that are monitored and analyzed at least annually.			
Activities	**Target Completion Date**	**12 Month Measure of Success 9.1.2011 – 8.31.2012**	**Status**
Convene a multidisciplinary Agency Quality Committee charged with developing a CCDPH Quality Assurance Plan. *Note: The multi-disciplinary team in this action step will be aligned /integrated with the multi-disciplinary teams noted in Goal1/Objective 1.4 and Goal2/Objective 2.1.*	June 30, 2011	A CCDPH multidisciplinary Quality Committee composed of Executive Team leaders has met over the past year to share and review quality improvement (QI) resources, discuss other local health department QI experiences and develop an agency QI plan. The Committee's purpose, structure and decision making process have been finalized. Quality Improvement Teams are being convened for each of the priority FY13 QI Indicators including achieve National Public Health Accreditation and improve health indicators in the areas of Lead Poisoning Prevention, Environmental Health, Communicable Disease, Tuberculosis and High Risk Infants. In addition, a staff training was conducted with CCHHS's Quality Assurance Director, B. Farrell in June, 2012.	On track to meet goal.
Complete the development of a CCDPH Quality Assurance Plan which identifies major program areas/services that require development of benchmarks and quality improvement priorities for each Service Unit based upon COO directives, the 8 strategic health priorities and accreditation requirements.	June 30, 2012	A QI Plan is being finalized and will be presented to the governing bodies in December, 2012. For FY13, program areas, performance indicators and benchmarks have been identified and coincide with the STAR performance indicators. Currently, five of the seven Service Units are involved in the quality improvement priorities.	On track to meet goal.
Leading Successes and/or Barriers to Success CCDPH, in large part due to leadership, has moved the agency forward in institutionalizing a culture of quality improvement. Performance management is a new concept for public health agencies (CCDPH is definitely not alone) and requires a cultural shift in management and operations. The knowledge base for Public Health QI is expanding and changing. The current practice QI tools are often outdated quickly making it difficult to keep current.			

Objective 4.1: CCDPH will create an organizational culture by June 30, 2014 that encourages all staff to maintain and increase public health proficiency through professional development, trainings, and education.			
Activities	Target Completion Date	12 Month Measure of Success 9.1.2011 – 8.31.2012	Status
Develop or send staff to continuing education and training opportunities.	Ongoing	CCDPH Service Unit Directors (SUDs) are currently responsible for developing and sending staff to continuing education and training opportunities. The current education and training opportunities will eventually be documented in the CCDPH Workforce Development plan that is currently being developed by the Human Resources Director. This Workforce Development Plan will also fulfill a Public Health Accreditation Board (PHAB) requirement under Domain 8.2. The Workforce Development plan will provide directions to ensure the proper tracking and documentation of continuing education and training courses to ensure public health workforce competency levels. Specifically, SUDs will be required to track education and training completed by employees in a spreadsheet that is regularly transmitted to the HR Director. Additionally, SUDs will need to transmit documentation of education and training completed by employees to the HR Director for review and placement in the employee's personnel file.	On target to meet goal.

Develop a staff training plan to address the following: 1. Develop and implement a new employee orientation, including a new employee "checklist" – December 30, 2011 2. Create and implement a Public Health 101 course for all staff – June 30 , 2012 3. Create mechanism for program staff to increase evaluation skills – June 30, 2012 4. Create and implement an Epidemiology 101 course for identified staff to facilitate the comprehension and articulation of public health data – December 31, 2012 5. Conduct all required/mandatory trainings for all staff (sexual harassment, human rights, corporate compliance, and ethics) - ongoing 6. Conduct selective trainings for identified staff to maintain appropriate competencies (Institutional Review Board, media training, etc) – ongoing 7. Conduct information technology (IT)/software trainings for identified staff members – ongoing 8. Conduct emergency preparedness trainings for all staff, with a variety of levels to match existing skills sets – ongoing 9. Conduct cultural competence and diversity trainings to promote cultural respect – ongoing 10. Conduct media/public speaking trainings for identified staff members - ongoing	Ongoing	On August 23, 2012 CCDPH's HR Unit merged with the CCHHS HR Department. This merger will result in the efficient and uniform provision of HR services to CCDPH employees consistent with CCHHS. CCDPH is currently working with the CCHHS Designated Senior HR Coordinator to develop a CCDPH Workforce Development Plan. The Workforce Development Plan will fulfill PHAB accreditation requirement Domain 8.2. Many of the issues noted in 4.1.2 will be addressed in the CCDPH Workforce Development Plan or through the merger of the CCDPH HR Unit with CCHHS HR Department. For example, • All new CCDPH employees will attend the new CCHHS orientation training. • The Public Health 101 course was developed and all CCDPH employees were required to attend the training in May 2012. • CCDPH Leadership is discussing developing an Epidemiology 101 course. • Several mandatory trainings were provided to staff at the CCDPH All staff meeting held in May 2012. Including HIPAA and Infectious Disease and Blood Borne Pathogen training. In the future, these mandatory trainings will be provided online through the CCHHS Learning Management System. The following courses are currently being provided through the CCHHS Learning Management System: Corporate Compliance/HIPAA; Diversity and Cultural Competency I, II, and III; Environment of Care; Communication; and Preventing and Controlling Infection I and II. • The CCDPH IT Unit was merged with the CCHHS IT Department to provide IT services in a more efficient and uniformed manner. CCHHS IT will be responsible for providing training to CCPDH staff and other CCHHS staff in the near future. • Regarding emergency preparedness training, CCDPH Staff is required to complete certain National Incident Management System (NIMS) training developed by the Federal Emergency Management Agency (FEMA) online and in person based on their role and potential role during a public health emergency. CPCU is currently working to develop additional staff worker role trainings in an online format.	On target to meet goal.
Identify the appropriate staff positions for oversight of professional development, trainings and education.	June 30, 2012	CCDPH staff are required to complete certain NIMS training developed by FEMA. NIMS courses are based on their position as an Executive Team member, supervisor or manager. Additionally, SUDs will be required to track that employees have completed certain training based on the employee's certifications, licenses and/or specialization. This goal will be memorialized in the CCDPH Workforce Development Plan that is currently being developed under the direction of the HR Director.	On target to meet goal.

Leading Successes and/or Barriers to Success
Merging CCDPH administrative services of HR and IT will result in the efficient and uniformed provision of services and provide CCDPH a level of expertise and access to resources to assist CCDPH in meeting its strategic planning goals.

Objective 4.2: Increase modes and quality of internal and external communication that clarifies agency plans, outputs, and activities.			
Activities	**Target Completion Date**	**12 Month Measure of Success 9.1.2011 – 8.31.2012**	**Status**
Expand the internal communication to be comprehensive, regular and align with the 8 Strategic Health Plan priorities. *Note: See 2.3 for additional details*	May 31, 2011 – ongoing	In July 2012, the Policy Development and Communication Unit (PDCU) released its updated Communication Procedures, which was distributed to all staff. The Communication Procedures addresses external communication such as working with the media, proactive media, letters to editors/opinion pieces, social medial and the CCDPH website. It also addresses internal communication such as the new CCHHS system news pamphlet. PDCU also developed branded templates and document standards for: email signatures, letters, faxes, presentations and reports. PDCU emails current press releases to all staff and weekly media reports so CCDPH employees are informed of current media issues.	On target to meet goal.
Ensure electronic communication capability among all staff. *Note: See 4.3 for specific details*	December 31, 2011-ongoing	The CCDPH IT Unit was merged into the CCHHS IT Department to provide IT services in a more efficient and uniformed manner. This transition has also provided CCDPH with additional IT resources and software upgrades. Specifically, the email system for CCDPH and all CCHHS system affiliates was recently upgraded to Microsoft 365. This upgrade provides secure cloud storage of all emails and allows full access to all emails via a web based interface. This will allow CCDPH staff to securely access email at multiple locations and allow easier mobile access of emails in the near future. CCDPH is also in the process of replacing cell phones with smart phone devices capable of accessing the internet and receiving text messaging.	On target to meet goal.
Assure effective emergency communications processes.	December 31, 2011-ongoing	CCDPH is connected to the State of Illinois Rapid Electronic Notification (SIREN) System. SIREN electronically sends alerts from the Illinois Department of Public Health (IDPH) Health Alert Network (HAN). SIREN allows CCDPH staff to receive alerts via email and/or by logging into the SIREN website. Additionally, CPCU utilizes SIREN to conduct emergency communication drills and event call outs to CCDPH staff and external agencies that CCDPH may coordinate with during an emergency response event. SIREN is capably of calling all staff numbers (i.e. home, work and cell phone) and can also send an email notification. CPCU regularly conducts communication drills to confirm the operation of the system and to prepare staff for a timely and orderly response in the event of an emergency. CPCU also works with the HR Department to maintain an Emergency Contact Information Database of all CCDPH Employees that is updated on a monthly basis.	On target to meet goal.
Develop a communication and marketing plan targeted at external funders that highlight CCDPH key successes documented via publications, public education presentations, advocacy successes or media stories.	November 30, 2012	PDCU regularly transmits press releases to inform external agencies and the public of currently public health issues/warnings, provides general public health information, and/or announces upcoming public health programs and initiatives. PDCU updates the CCDPH website to provide all information electronically and constantly works to build CCDPH's social media contacts.	On target to meet goal.

Enhance external communications to promote constituency building and community awareness focus on strategic health initiatives. *Note: This action step will be aligned with activities in Goal 2/Objective 2.3, to increase community awareness of the 8 identified health priorities*	December 31, 2012 - ongoing	PDCU regularly transmits press releases that inform external agencies and the public of currently public health issues/warnings, provides general public health information, and/or announces upcoming public health programs and initiatives. PDCU has also updated the CCDPH website to provide all information electronically. Additionally, PDUC is constantly working to build CCDPH's social media contacts. Also see 2.3 response.	On target to meet goal.

Leading Successes and/or Barriers to Success
CCDPH continues to improve its website and invest in electronic methods of communication.

Objective4.3: CCDPH will implement information technology initiatives that will support and facilitate the functioning of the agency.			
Activities	**Target Completion Date**	**12 Month Measure of Success 9.1.2011 – 8.31.2012**	**Status**
Increase the capacity and use of Geographic Information System (GIS) applications.	May 31, 2011 - ongoing	CCDPH now has access to the County GIS office software and website through an enterprise wide license. The CCDPH Communicable Disease Control (CD) and Community Planning and Epidemiology (CPE)Units have begun using GIS more routinely in developing maps and reports. CCDPH has also posted this information on its website. Additionally, CCDPH has had its staff attending GIS application training.	On target to meet goal.
Enhance CCDPH capability and productivity by augmenting the use of IT resources.	June 30, 2012	The CCDPH IT Unit was merged into the CCHHS IT Department to provide IT services in a more efficient and uniformed manner. This transition has also provided CCDPH with additional IT resources and software upgrades. • Specifically, the email system for CCDPH and all CCHHS system affiliates was recently upgraded to Microsoft 365. This upgrade provides secure cloud storage of all emails and allows full access to all emails via a web based interface. This will allow CCDPH staff to securely access email at multiple locations and allow easier mobile access of emails in the near future. • CCDPH also has access to the CCHHS Risk Management GE MERS website for reporting incidents that arise in the clinical setting. • CCDPH has access to the CCHHS Cerner system, an electronic health records (EHR) system and has fully implemented registration and scheduling.	On target to meet goal.
CCDPH's clinical records and function will be completely electronic. *Note: This action step will be done in conjunction with Goal1/Objective 1.3/Action 1.3.1, to work with the Illinois Health Information Exchange to establish the appropriate platform for CCDPH data reporting to the HIE.*	June 30, 2012	The CCDPH IT Unit was merged into the CCHHS IT, to provide IT services in a more efficient and uniformed manner. This transition has also provided CCDPH with additional IT resources and software upgrades. CCDPH now has access to the CCHHS Cerner system, an electronic health records (EHR) system. Additionally, CCDPH is working with CCHHS to upload CCDPH's historical data into the new Cerner system.	On target to meet goal.
Basic functions of communicable disease and environmental health services will be put on an electronic platform.	June 30, 2013	The CCDPH CD unit currently uses the Illinois Department of Public Health (IDPH) Illinois National Electronic Disease Surveillance System (I-NEDSS) for reporting communicable diseases to IDPH. Additionally, CCDPH uses the Electronic Surveillance System for the Early Notification of Community-Based Epidemics (ESSENCE) to conduct syndromic surveillance in Cook County receiving data from hospital emergency departments in Cook County and the IDPH Biosense 2.0 to provide syndromic surveillance information to the state. In 2012, the CCDPH Environmental Health Service Unit (EHS) implemented an electronic system to collect data related to certain EHS programs including the food and swimming pools programs. CCDPH continues to improve and expand the use of this system.	On target to meet goal.

Establish mechanism for residents of Cook County to access selective public health data on an interactive platform.	December 31, 2015	CCDPH regularly posts and updates public health data and reports on the CCDPH website, which is accessible to the public. Additionally, CCDPH worked with the County Bureau of Information Technology and Automation (BITA) to provide data to be posted on the Open Date Portal Website for Cook County Government.	On target to meet goal.

Leading Successes and/or Barriers to Success
CCDPH is currently working with the CCHHS CIO to get its historical date uploaded into Cerner.

Objective 4.4: Strengthen the support functions and activities of the agency.			
Activities	**Target Completion Date**	**12 Month Measure of Success** **9.1.2011 – 8.31.2012**	**Status**
Ensure that emergency plans for the HR, Finance, and Physical Plant/Materials Management (PPMM) units align with the strategic plan goals.	Ongoing	CCDPH, seeks to improve the level of readiness of CCDPH, the County, the CCDPH community and cooperating regional entities in responding to public health emergencies through the use of the Comprehensive Emergency Management Plan ("CEMP") provided by Illinois Department of Public. The CEMP houses CCDPH's All Hazards Plan and other emergency plans and is a secure, password protected, web-based program that is compliant with federal and state emergency preparedness and planning system requirements and can be expanded and modified in the future to meet the needs of CCDPH. CCDPH is currently updating its All Hazards Plan. The ET is currently meeting to review and comment on the All Hazards plan so that it may be finalized by CPCU.	On target to meet goal.
Improve internal communication between the PPMM Unit and other departmental units related to supplies, inventories, and other materials.	June 30, 2012	The CCDPH PPMM Unit is currently being reorganized to provide more efficient and uniformed PPMM services.	On Hold, not on target
Improve internal communication between the HR Unit and other departmental units related to position control, labor relations, benefits, and other human resources issues.	June 30, 2012	On August 23, 2012 CCDPH's HR Unit was merged with the Cook County Health and Hospitals System (CCHHS) HR Department. Additionally, as of April 23, 2012, all CCDPH Labor issues will also be handled by CCHHS. The provision of HR and Labor services at the System level will improve internal communication and provide efficient and uniform HR and Labor services to CCDPH.	On target to meet goal.
Improve internal communication between the Finance Unit and other departmental units related to position control, grant budgets, and other financial issues associated with programs administered by those respective units.	June 30, 2012	The CCDPH Finance department began holding regular meetings with CCDPH SUDs and Management staff to provide regular updates and guidance on CCDPH financial issues.	On target to meet goal.

Leading Successes and/or Barriers to Success
CCDPH is currently transitioning many of its administrative and support functions to CCHHS and other County agencies to proved a high level of expertise and more efficient and uniform provision of services. CCDPH will work communicating upcoming changes to staff and providing regular updates on the transition.

Objective 4.5: Diversify CCDPH's revenue streams to support the strategic plan.			
Activities	**Target Completion Date**	**12 Month Measure of Success 9.1.2011 – 8.31.2012**	**Status**
Establish a grants research team that will identify new funding opportunities, both governmental and non-governmental, that are in alignment with CCDPH mission and strategic plan.	June 30, 2012	This goal is currently on hold. CCDPH is currently engaged in an accreditation process. As part of the accreditation process CCDPH will be reviewing ways to improve the quality and efficiency of the services it provides and determining whether the current structure of CCDPH is sufficient to serve its future goals and objectives.	On Hold, Did not meet goal
Assess opportunities to collect or increase fees for services rendered.	August 31, 2012	CCHHS in collaboration with the Illinois Department of Healthcare and Family Services (HFS) and the Illinois Governor's Office filed a 1115 waiver application, which the Centers for Medicare and Medicaid Services (CMS) to cover the current uninsured population that will become eligible for Medicaid in 2014. If granted by CMS, the 1115 waiver will allow CCHHS to decrease its uninsured population and jump start the Medicaid enrollment process for newly eligible patients as a result of the Patient Protection and Affordability Care Act (PPACA). As a system affiliate of CCHHS, CCDPH would be able to take advantage of the potential benefits of the 1115 waiver should it be granted by CMS.	On target to meet goal.
Evaluate existing funding streams to assess the extent to which they are aligned with the strategic plan.	Ongoing	The CCDPH Finance is working with the CCHHS Finance to regularly evaluate the viability of existing funding streams and to assess whether such funding streams are in alignment with the strategic plan.	On target to meet goal.
Leading Successes and/or Barriers to Success CCDPH is currently transitioning many of its administrative and support functions to CCHHS and other County agencies to proved a high level of expertise and more efficient and uniform provision of services. Once the transition is complete, CCDPH will need to reassess its organization structure and the services it provides to determine the new revenue streams and opportunities it should actively seek.			

ATTACHMENT #5

John H. Stroger, Jr. Hospital of Cook County

Medical Staff Appointments/Reappointments and Non-Medical Staff Action Items Subject to Approval by the CCHHS Quality and Patient Safety Committee

INITIAL APPOINTMENT APPLICATIONS

Hadley, Indira S., MD
Appointment Effective:

Medicine/Rheumatology
December 18, 2012 thru December 17, 2014

Active Physician

Giovingo, Michael, MD
Appointment Effective:

Surgery/Ophthalmology
December 18, 2012 thru December 17, 2014

Service Physician

McConnie Randolph, MD
Appointment Effective:

Pediatrics/Gastroenterology
December 18, 2012 thru December 17, 2014

Voluntary Physician

INITIAL PRIVILEGES FOR NON MEDICAL STAFF

Francis, Regeena, CNP
  with Ansari, Asimul Haq, MD
Effective:

Medicine/Adult Cardiology

December 18, 2012 thru December 17, 2014

Nurse Practitioner

Ragauskis, Pauline M., PA-C
with Kysia, Rashid Fuad, MD
Alternate Schaider, Jeffrey J.,MD
Effective:

Emergency Medicine

December 18, 2012 thru December 17, 2014

Physician Assistant

Spencer, Samuel J., PA-C
with Sergel, Michelle J., MD
Alternate Sherman, Scott C., MD
Effective:

Emergency Medicine

December 18, 2012 thru December 17, 2014

Physician Assistant

REAPPOINTMENT APPLICATIONS

Department of Emergency Medicine

Erickson, Timothy, MD
Reappointment Effective:

Emergency Medicine
January 23, 2013 thru January 22, 2015

Voluntary Physician

Wu, Jack, MD
Reappointment Effective:

Emergency Medicine
January 18, 2013 thru January 17, 2015

Consulting Physician

Department of Family Medicine

Ikedionwu, Chukweloka, MD
Reappointment Effective:

Family Medicine
December 18, 2012 thru December 17, 2014

Active Physician

CCHHS
APPROVED
BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON DECEMBER 18, 2012 Page 1

John H. Stroger, Jr. Hospital of Cook County
Reappointment Applications (continued)

Department of Medicine

Ganschow, Pamela S., MD Reappointment Effective:	General Medicine January 18, 2013 thru January 17, 2015	Active Physician
Khandelwal, Sonali, MD Reappointment Effective:	Rheumatology January 18, 2013 thru January 17, 2015	Active Physician
Ngu, Lawrence N., MD Reappointment Effective:	ACHN January 18, 2013 thru January 17, 2015	Active Physician
Rivas Chicas, Oscar A., MD Reappointment Effective:	ACHN January 18, 2013 thru January 17, 2015	Voluntary Physician
Sengupta, Mondira, MD Reappointment Effective:	Rheumatology January 18, 2013 thru January 17, 2015	Active Physician
Shakoor, Najia, MD Reappointment Effective:	Rheumatology January 21, 2013 thru January 20, 2015	Voluntary Physician
Smith, Kimberly Y., MD Reappointment Effective:	Infectious Disease January 18, 2013 thru January 17, 2015	Voluntary Physician
Zehra, Tharanum, MD Reappointment Effective:	ACHN January 18, 2013 thru January 17, 2015	Active Physician

Department of Obstetrics and Gynecology

Abrego, Fidel, MD Reappointment Effective:	OB/gyn January 18, 2013 thru January 17, 2015	Active Physician
Fish, Karen Elizaeth, MD Reappointment Effective:	OB/gyn January 18, 2013 thru January 17, 2015	Active Physician

Department of Pathology

Kakaiya, Rameshchandra, MD Reappointment Effective:	Blood Bank January 18, 2013 thru January 17, 2015	Consulting Physician

Department of Radiology

Kay, Daniel, J., MD Reappointment Effective:	Radiology January 18, 2013 thru January 17, 2015	Active Physician

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Department of Surgery

Abcarian, Herand, MD Reappointment Effective:	Colon/Rectal January 18, 2013 thru January 17, 2015	Active Physician

John H. Stroger, Jr. Hospital of Cook County (continued)

Renewal of Privileges for Non-Medical Staff:

Cohen, Claudette R., PA-C With Kendrick, Sabrina R., MD Alternate Warren, William H., MD Effective:	Medicine/Infectious Disease January 18, 2013 thru January 17, 2015	Physician Assistant
Durdov, David, CCP Effective:	Surgery/Cardiothoracic January 18, 2013 thru January 17, 2015	Perfusionist
Foster, Lauren E., CNP *With* Barker, David E., MD Effective:	Medicine/Infectious Disease January 18, 2013 thru January 17, 2015	Physician Assistant
Knowles, Patrica A., CNP *With* Chaudhry, Vivek, MD Effective:	Surgery/Colon/Rectal January 18, 2013 thru January 17, 2015	Nurse Practitioner
Ko, Joselyn R., CNP *With* Hart, Peter D., MD Effective:	Medicine/Nephr./Hypertension January 18, 2013 thru January 17, 2015	Nurse Practitioner
Stoltzner, Leslie, CCP Effective:	Surgery/ Cardiothoracic January 18, 2013 thru January 17, 2015	Perfusionist

Medical Staff Change with No Change in Clinical Privileges

Abrahamian, Frida, MD Medicine/GI Effective as of January 1, 2013	From: Active Physician to Voluntary Physician
Pascho, Steve, MD, Psychiatry/Correctional	From: Voluntary Physician to Active Physician
Perez-Tamayo, Ruheri, MD Surgery/Cardiothoracic	From: Active Physician to Voluntary Physician
William, Kenya, MD Surgery/Ophthalmology	From: Voluntary Physician to Active Physician
Sansi, Pratiba, MD Radiology	From: Active Physician to Voluntary Physician

Provident Hospital of Cook County

Medical Staff Appointments/Reappointments and Non-Medical Staff Action Items Subject to Approval by the CCHHS Quality and Patient Safety Committee

INITIAL APPOINTMENT APPLICATIONS

Totonchi, Emil, MD Appointment Effective:	Surgery/Urology December 18, 2012 thru December 17, 2014	Active Physician

Initial Privileges for Non-Medical Staff:

Shah, Binita P., PA-C *With* Roskam, Stephen, DO Alternate Allegretti, Paul, DO Effective:	Emergency Medicine December 18, 2012 thru December 17, 2014	Physician Assistant

REAPPOINTMENT APPLICATIONS

Department of Internal Medicine

Attar, Bashar M., MD Reappointment Effective:	Gastroenterology January 18, 2013 thru December 9, 2014	Affiliate Physician
Nagubadi, Swamy N., MD Reappointment Effective:	Internal Medicine January 18, 2013 thru January 17, 2015	Affiliate Physician
Sengupta, Mondira MD Reappointment Effective:	Rheumatology January 18, 2013 thru January 17, 2015	Affiliate Physician

Department of Obstetrics and Gynecology

Abrego, Fidel, MD Reappointment Effective:	Gynecology January 18, 2013 thru January 17, 2015	Affiliate Physician
Fish, Karen Elizabeth, MD Reappointment Effective:	Gynecology January 18, 2013 thru January 17, 2015	Affiliate Physician

Medical Staff Change with No Change in Clinical Privileges

CCHHS APPROVED BY THE QUALITY AND PATIENT SAFETY COMMITTEE ON DECEMBER 18, 2012

Lipkin, Julie, MD Family Medicine	From: Active Physician to Voluntary Physician